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House of Representatives

The House met at 11 a.m.

The Reverend Eugene Counihan, Fernald Developmentally Handicapped Center, Waltham, Massachusetts, offered the following prayer:

Almighty and eternal Father, we acknowledge Your presence among us this morning as we once again prepare to do Your work. We ask You to look kindly on our modest efforts so that what is accomplished at this session will be for the betterment of our great country and the desire for the peace and good will of all her people and our friends throughout the world.

We also ask You to let Your face smile upon each and every one who is present here this morning and to bless them and their families. We thank You for the great privilege of being present today and to grant that our efforts and accomplishments fulfill and reflect Your will and the hopes of all whom we strive to serve.

Finally, we ask You to continue to bless America. Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. LAHOOD. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker announced that the ayes appeared to have it.

Mr. LAHOOD. Mr. Speaker, on that, I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Florida (Mr. HASTINGS) come forward and lead the House in the Pledge of Allegiance.

Mr. HASTINGS of Florida led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. Pursuant to clause 8 of rule XX, proceedings will resume on agreeing to the Speaker's approval of the Journal and on motions to suspend the rules postponed on Tuesday, March 11. Votes will be taken in the following order:

Approval of the Journal, the yeas and nays;

House Resolution 122, the yeas and nays; and

House Concurrent Resolution 85, the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

One-minute will follow these three votes.

THE JOURNAL

The SPEAKER. Pursuant to clause 8 of rule XX, the pending business is the question of the Speaker's approval of the Journal of the last day's proceedings.

The question is on the Speaker's approval of the Journal on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 375, nays 45, answered ''present'' 2, not voting 12, as follows:

[Roll No. 53]

YEAS—375

Abercrombie	Castle	Frost
Ackerman	Chabot	Gallegly
Akin	Chocola	Garrett (NJ)
Alexander	Clyburn	Gerlach
Andrews	Coble	Gibbons
Baca	Cole	Gillmor
Bachus	Collins	Gingrey
Baker	Conyers	Gonzalez
Ballance	Cooper	Goode
Ballenger	Cox	Goodlatte
Barrett (SC)	Cramer	Gordon
Bartlett (MD)	Crenshaw	Goss
Barton (TX)	Crowley	Granger
Bass	Cubin	Graves
Beauprez	Culberson	Green (TX)
Bell	Cummings	Green (WI)
Bereuter	Cunningham	Greenwood
Berkley	Davis (AL)	Grijalva
Berman	Davis (CA)	Gutierrez
Berry	Davis (FL)	Hall
Biggert	Davis (IL)	Harman
Bilirakis	Davis (TN)	Harris
Bishop (GA)	Davis, Jo Ann	Hart
Bishop (NY)	Davis, Tom	Hastings (WA)
Bishop (UT)	Deal (GA)	Hayes
Blackburn	DeGette	Hayworth
Blumenauer	Delahunt	Hefley
Blunt	DeLauro	Hensarling
Boehlert	DeLay	Herger
Boehner	DeMint	Hill
Bonilla	Deutsch	Hinojosa
Bonner	Diaz-Balart, L.	Hobson
Bono	Diaz-Balart, M.	Hoekstra
Boozman	Dicks	Holden
Boswell	Dingell	Holt
Boucher	Doggett	Honda
Boyd	Dooley (CA)	Hooley (OR)
Bradley (NH)	Doolittle	Hostettler
Brady (PA)	Doyle	Houghton
Brady (TX)	Dreier	Hoyer
Brown (OH)	Duncan	Hunter
Brown (SC)	Dunn	Inslee
Brown, Corrine	Edwards	Isakson
Brown-Waite, Ginny	Ehlers	Israel
Burgess	Emanuel	Issa
Burns	Emerson	Istook
Burr	Engel	Jackson (IL)
Burton (IN)	Eshoo	Jackson-Lee (TX)
Buyer	Etheridge	Janklow
Calvert	Evans	Jefferson
Camp	Everett	Jenkins
Cannon	Farr	John
Cantor	Fattah	Johnson (CT)
Capito	Feeney	Johnson, E. B.
Capps	Ferguson	Johnson, Sam
Cardin	Flake	Jones (NC)
Cardoza	Fletcher	Jones (OH)
Carson (IN)	Foley	Kanjorski
Carson (OK)	Forbes	Kaptur
Carter	Frank (MA)	Keller
Case	Franks (AZ)	Kelly
	Frelinghuysen	

Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
LaHood
Lampson
Langevin
Lantos
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (KY)
Linder
Lipinski
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meeks (NY)
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Mollohan
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Ney
Northup
Norwood
Nunes
Nussle
Obey
Ortiz
Osborne
Ose
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Saxton
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Spratt
Stearns
Sullivan
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Upton
Van Hollen
Velazquez
Vitter
Walden (OR)
Walsh
Wamp
Watson
Watt
Waxman
Weiner
Weldon (FL)
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NAYS—45

Aderholt
Baird
Baldwin
Capuano
Costello
Crane
English
Filner
Ford
Fossella
Gutknecht
Hastings (FL)
Hinchey
Hulshof
Kennedy (MN)
Kucinich
Larsen (WA)
Lewis (GA)
LoBiondo
McDermott
Meek (FL)
Menendez
Miller, George
Moran (KS)
Oberstar
Olver
Otter
Ramstad
Rodriguez
Sabo
Schakowsky
Slaughter
Stark
Stenholm
Strickland
Stupak
Sweeney
Tanner
Thompson (CA)
Thompson (MS)
Udall (CO)
Udall (NM)
Visclosky
Waters
Weller

ANSWERED ''PRESENT''—2

DeFazio
Tancredo

NOT VOTING—12

Allen
Becerra
Clay
Combest
Gephardt
Gilchrest
Hoeffel
Hyde
Johnson (IL)
Moore
Snyder
Weldon (PA)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 1127

So the Journal was approved.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the remainder of this series of votes will be conducted as 5-minute votes.

RECOGNIZING THE BICENTENNIAL OF THE ADMISSION OF OHIO INTO THE UNION AND THE CONTRIBUTIONS OF OHIO RESIDENTS TO THE ECONOMIC, SOCIAL AND CULTURAL DEVELOPMENT OF THE UNITED STATES

The SPEAKER pro tempore. The unfinished business is the question of suspending the rules and agreeing to the resolution, H. Res. 122.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. TURNER) that the House suspend the rules and agree to the resolution, H. Res. 122, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 424, nays 0, not voting 10, as follows:

[Roll No. 54]

YEAS—424

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—10

Clay	Hoeffel	Weldon (PA)
Combest	Hyde	Young (FL)
Gephardt	Johnson (IL)	
Gilchrest	Snyder	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD)(during the vote). Members have 2 minutes to vote.

□ 1135

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SENSE OF CONGRESS REGARDING IMPROVED FIRE SAFETY IN NON-RESIDENTIAL BUILDINGS

The SPEAKER pro tempore. The unfinished business is the question of suspending the rules and agreeing to the concurrent resolution, H. Con. Res. 85.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. TURNER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 85, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 422, nays 0, not voting 12, as follows:

[Roll No. 55]

YEAS—422

Abercrombie	Brown (OH)	Davis (TN)
Ackerman	Brown (SC)	Davis, Jo Ann
Aderholt	Brown, Corrine	Davis, Tom
Akin	Brown-Waite, Ginny	Deal (GA)
Alexander	Burgess	DeFazio
Allen	Burns	DeGette
Andrews	Burr	Delahunt
Baca	Burton (IN)	DeLauro
Bachus	Buyer	DeLay
Baird	Calvert	DeMint
Baker	Camp	Deutsch
Baldwin	Cannon	Diaz-Balart, L.
Ballance	Cantor	Diaz-Balart, M.
Ballenger	Capito	Dicks
Barrett (SC)	Capps	Dingell
Bartlett (MD)	Capuano	Doggett
Barton (TX)	Cardin	Dooley (CA)
Bass	Cardoza	Doolittle
Beauprez	Carson (IN)	Doyle
Becerra	Carson (OK)	Dreier
Bell	Carter	Duncan
Bereuter	Case	Dunn
Berkley	Castle	Edwards
Berman	Chabot	Ehlers
Berry	Chocola	Emanuel
Biggert	Clyburn	Emerson
Bilirakis	Coble	Engel
Bishop (GA)	Cole	English
Bishop (NY)	Collins	Eshoo
Bishop (UT)	Cooper	Etheridge
Blackburn	Costello	Evans
Blumenauer	Cox	Everett
Blunt	Cramer	Farr
Boehlert	Crane	Fattah
Boehner	Crenshaw	Feeney
Bonilla	Crowley	Ferguson
Bonner	Cubin	Filner
Bono	Culberson	Flake
Boozman	Cummings	Fletcher
Boswell	Cunningham	Foley
Boucher	Davis (AL)	Forbes
Boyd	Davis (CA)	Ford
Bradley (NH)	Davis (FL)	Fossella
Brady (PA)	Davis (IL)	Frank (MA)
Brady (TX)		Franks (AZ)
Frelinghuysen	Lofgren	Rohrabacher
Frost	Lowey	Ros-Lehtinen
Gallegly	Lucas (KY)	Ross
Garrett (NJ)	Lynch	Rothman
Gerlach	Majette	Roybal-Allard
Gibbons	Maloney	Royce
Gillmor	Manzullo	Ruppersberger
Gingrey	Markey	Rush
Gonzalez	Marshall	Ryan (OH)
Goode	Matheson	Ryan (WI)
Goodlatte	Matsui	Ryun (KS)
Gordon	McCarthy (MO)	Sabo
Goss	McCarthy (NY)	Sanchez, Linda T.
Granger	McCollum	
Graves	McCotter	Sanchez, Loretta
Green (TX)	McCrery	Sanders
Green (WI)	McDermott	Sandlin
Greenwood	McGovern	Saxton
Grijalva	McHugh	Schakowsky
Gutierrez	McInnis	Schiff
Gutknecht	McIntyre	Schrock
Hall	McKeon	Scott (GA)
Harman	McNulty	Scott (VA)
Harris	Meehan	Sensenbrenner
Hart	Meek (FL)	Serrano
Hastings (FL)	Meeks (NY)	Sessions
Hastings (WA)	Menendez	Shadegg
Hayes	Mica	Shaw
Hayworth	Michaud	Shays
Hefley	Millender-McDonald	Sherman
Hensarling	Miller (FL)	Sherwood
Herger	Miller (MI)	Shimkus
Hill	Miller (NC)	Shuster
Hinchey	Miller, Gary	Simmons
Hinojosa	Miller, George	Simpson
Hobson	Mollohan	Skelton
Hoekstra	Moore	Slaughter
Holden	Moran (KS)	Smith (MI)
Holt	Moran (VA)	Smith (NJ)
Honda	Murphy	Smith (TX)
Hooley (OR)	Murtha	Smith (WA)
Hostettler	Musgrave	Solis
Houghton	Myrick	Souder
Hoyer	Nadler	Spratt
Hulshof	Napolitano	Stark
Hunter	Neal (MA)	Stearns
Inslee	Nethercutt	Stenholm
Isakson	Ney	Strickland
Israel	Northup	Stupak
Issa	Norwood	Sullivan
Istook	Nunes	Sweeney
Jackson (IL)	Nussle	Tancredo
Jackson-Lee (TX)	Oberstar	Tanner
Janklow	Obey	Tauscher
Jefferson	Olver	Tauzin
Jenkins	Ortiz	Taylor (MS)
John	Osborne	Taylor (NC)
Johnson (CT)	Ose	Terry
Johnson, E. B.	Otter	Thomas
Johnson, Sam	Owens	Thompson (CA)
Jones (NC)	Oxley	Thompson (MS)
Jones (OH)	Pallone	Thornberry
Kanjorski	Pascrell	Tiahrt
Kaptur	Pastor	Tiberi
Keller	Paul	Tierney
Kelly	Payne	Toomey
Kennedy (MN)	Pearce	Towns
Kennedy (RI)	Pelosi	Turner (OH)
Kildee	Pence	Turner (TX)
Kind	Peterson (MN)	Udall (CO)
King (IA)	Peterson (PA)	Udall (NM)
King (NY)	Petri	Upton
Kingston	Pickering	Van Hollen
Kirk	Pitts	Velázquez
Kleczka	Platts	Visclosky
Kline	Pombo	Vitter
Knollenberg	Pomeroy	Walden (OR)
Kolbe	Porter	Walsh
Kucinich	Portman	Wamp
LaHood	Price (NC)	Waters
Lampson	Pryce (OH)	Watson
Langevin	Putnam	Watt
Lantos	Quinn	Waxman
Larsen (WA)	Radanovich	Weiner
Larson (CT)	Rahall	Weldon (FL)
Latham	Ramstad	Weller
LaTourette	Rangel	Wexler
Leach	Regula	Whitfield
Lee	Rehberg	Wicker
Levin	Renzi	Wilson (NM)
Lewis (CA)	Reyes	Wilson (SC)
Lewis (GA)	Reynolds	Wolf
Lewis (KY)	Rodriguez	Woolsey
Linder	Rogers (AL)	Wu
Lipinski	Rogers (KY)	Wynn
LoBiondo	Rogers (MI)	Young (AK)
		Young (FL)

NOT VOTING—12

Clay	Gilchrest	Kilpatrick
Combest	Hoeffel	Lucas (OK)
Conyers	Hyde	Snyder
Gephardt	Johnson (IL)	Weldon (PA)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes to vote.

□ 1142

So (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H. RES. 122, RECOGNIZING THE BICENTENNIAL OF THE ADMISSION OF OHIO INTO THE UNION AND THE CONTRIBUTIONS OF OHIO RESIDENTS TO THE ECONOMIC, SOCIAL AND CULTURAL DEVELOPMENT OF THE UNITED STATES

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I ask unanimous consent that in the engrossment of House Resolution 122 that the Clerk be authorized to make technical and conforming changes.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Virginia?

There was no objection.

HOUSE TO MARK UP ITS BUDGET RESOLUTION TODAY

(Mr. SMITH of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Michigan. Mr. Speaker, this afternoon the Committee on the Budget is planning to mark up our budget resolution. That budget resolution is important to our future and our economy. What I am particularly concerned with is the increase in deficit spending. The deficit as projected by the CBO is now approaching $435 billion for this next fiscal year. That does not include supplementals. It does not include any possible war.

If we are concerned at all about the negative impact of increased spending, if we are concerned at all about the debt obligation that we are passing on to our kids and our grandkids then we need to cut. We pretend that our problems today are more important than problems are 20, 30 years from now and asking them to pay back the debt of our overspending. I think it is unconscionable and I think it is bad for the economy, because we are going to end up bidding in the marketplace for available money and, therefore, drive up interest rates, which is bad for the economy.

□ 1145

STATES' RIGHTS AND MEDICAL MALPRACTICE

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I rise today to urge my colleagues to respect the rights of States that have governed in an area for over 30 years.

This House will consider H.R. 5 tomorrow. This legislation does nothing more than attempt to impose Congress' will on States without giving them the opportunity to draft their own solutions to this problem.

Medical malpractice is a problem. Insurance rates are a problem. Availability is a problem. But our States have dealt with this issue for almost 30 years now, and I know that in Texas the State legislature is considering a piece of legislation now. In fact, in 37 States, States are considering legislation now.

State legislatures have always been the laboratories for successful legislation. They are best positioned to determine how to address the medical malpractice situation in these States. These lawsuits are filed in State courts, not in Federal courts. H.R. 5, however, ignores the hard work being done by our States and imposes a one-size-fits-all, Washington-knows-best approach; and that is not the way to govern.

Mr. Speaker, I encourage my colleagues who consider themselves defenders of States' rights to oppose H.R. 5 tomorrow and let the State legislatures do their job.

ALLOW MIGUEL ESTRADA A FAIR VOTE

(Mr. REHBERG asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. REHBERG. Mr. Speaker, nearly 2 years ago President Bush nominated Miguel Estrada to fill a vacancy in the United States Court of Appeals. During this time, the President's opponents have turned ''advise and consent'' into ''criticize and dissent.'' They have stalled nearly all of his judicial nominations and much of his domestic agenda as well.

The President's opponents are purposely relegating important legislation to their ''criticize and dissent'' penalty box. This filibuster is not about Miguel Estrada. He is qualified to serve, and everybody knows that. No, sadly, this is a part of a larger plot to shut down our lawmaking process in an effort to score political points.

With terrorists knocking at our door, gas and heating prices soaring, an economy in need of a jump-start, they want to tie up the vital business of America with a filibuster against Miguel Estrada. And it will not end with Miguel Estrada. They will continue to obstruct at every turn.

Mr. Speaker, I urge opponents to allow Miguel Estrada a fair vote, return to the crucial work for which they were elected, and set free the legislative process they are holding hostage.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD). Members are reminded not to make inappropriate statements about the Senate.

DO NOT CUT IMPACT AID TO SCHOOLS

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DAVIS of California. Mr. Speaker, I rise to strongly oppose the President's proposal to drastically cut Impact Aid to schools.

The need has been clear for over half a century. Begun in 1950, Impact Aid compensates districts for the loss of taxes that support schools. Military land and the military homes located on that land do not pay property taxes.

But the administration would cut funding for children living off base, even though the compensation rate is much lower. Yet taxes are also lost from these families. Over three-quarters of servicemembers living in my district claim residence in other States and do not pay State income or car registration taxes. Sales at commissaries or exchanges on bases are exempt from State sales taxes. Property, income, and sales taxes are all needed to pay for education.

Today, Mr. Speaker, as members of our armed services are deploying in large numbers to prepare for a possible war, it is critical for them to know that their children's schools are being supported by the very country for whom they are prepared to give their lives.

THE ROLE OF THE UNITED NATIONS

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. Mr. Speaker, long ago it was written, ''Choose this day whom you will serve.''

Today, as we go about the people's business in this House of Representatives, in another body on the east coast of this country, an international security council meets and makes decisions about who the United Nations will serve in these momentous times.

Will the United Nations be a cover for tyrants and for nations who give them succor and support, or will the United Nations fulfill its historic mission and be about the business of advancing freedom in the world, confronting tyranny in the world, supporting civil liberties and basic human rights?

It is time for the U.N. to choose. But as the members of that historic body meet this very week and make these momentous decisions, let them know that in this Congress, after these times have passed, we will debate and we will decide and we will choose the metes and bounds of the commitment of the United States of America to the United Nations.

NEW LEVEL OF BUFFOONERY

(Mr. MCDERMOTT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, this House reached a new level of buffoonery yesterday when one of the Members here used his authority to require vendors to rename French toast and that famous Belgian delicacy, French fries, saying this would ''show support for the American troops protecting freedom abroad.''

Now, Mr. Speaker, having been a ''troop,'' I do not think many people are going to have their morale raised much by us calling it ''freedom toast.''

President Chirac's efforts to find a way to disarm Saddam without getting American troops killed is not an act of effrontery or hatred toward the United States.

I could recite a whole long litany of French contributions to our military goals, from providing the majority of troops at Yorktown, to voting with us more than 98 percent of the time in the Security Council, and we all know that France has been our longest and strongest ally.

We could take that picture down over there of Mr. Lafayette. He fought at Yorktown. Why not really be silly and make ourselves laughingstocks?

Mr. Speaker, let us stop putting this kind of silliness out and demeaning our relationship with the French.

SUPPORT PRESIDENT'S PRO-GROWTH, PRO-JOBS TAX PROPOSAL

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, I rise to support a pro-growth, pro-jobs plan. The President's tax proposal is critical to our Nation's economic health. Critics describe tax relief for working families, small businesses, and investors as a ''cost'' we cannot afford. Viewing this as a cost is shortsighted and simply bad economic theory.

If we look at the reality of the President's proposal, the reality of what tax relief will do, we know that this plan will generate enough jobs and tax revenues to reduce the so-called costs by 56.8 percent.

A key component of the President's plan for growth is dividend tax relief. If

anyone doubts the need or wisdom of such a cut, I would refer them to a recent Washington Post commentary by Charles Schwab, who said he ''can't think of any other tax policy that would, at one stroke, be more beneficial to ordinary investors.'' He predicted immediate benefits, with a stock market rise of 10 to 15 percent. Debates about cost are simply missing the point.

Mr. Speaker, it is clear this plan will assist in jump-starting our economy. I encourage all my colleagues to join in passing this important legislation.

OPPOSE HEALTH ACT OF 2003

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today to voice my opposition to H.R. 5, the so-called HEALTH Act of 2003.

The acronym in the title of this bill supposedly stands for Help Efficient, Accessible, Low Cost, Timely Healthcare. But close examination of the provisions of the bill leads me to the conclusion that the acronym instead spells Help Eviscerate Accountability by Law for Traumatic Harm.

Supporters of this bill claim that medical malpractice premiums are out of control because of excessively high-damage awards in malpractice suits. But paid losses have tracked consistently with medical inflation rates for the last 3 decades. There simply is no explosion of paid losses.

Furthermore, there is no provision in the bill, no provision, that requires insurers to lower their rates once the caps are in place.

Supporters of this bill make it plain whom they care for: insurance companies. And it is also clear where the losses will be: people injured due to medical negligence.

SUPPORT PRESIDENT'S PROPOSAL TO PROMOTE JOB CREATION AND ECONOMIC GROWTH

(Mr. COX asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COX. Mr. Speaker, our economy needs new jobs. That is why I so strongly support President Bush's proposal to promote job creation and economic growth. One provision of that plan will lead to the creation of over 400,000 new jobs by the end of next year, and that is the proposal to eliminate the double tax on savings in stocks and mutual funds.

America's savers should be rewarded, not penalized, for investing, because when they invest their savings, they not only promote job creation, create the wherewithal for the hiring of new workers, but they also help provide for their own retirement. Indeed, those who are already retired stand to benefit from the elimination of the double tax, because over half of dividend payments are received by senior citizens.

To get our economy growing again, to provide tax fairness to the men and women who are saving for their future retirement and those who are already on fixed incomes, it is time to repeal the double tax on savings.

DEBATE REAL ISSUES AND LEAVE JOKES TO COMEDIANS

(Mr. MCGOVERN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, the debate over war and peace in this House has crumpled into farce. Yesterday, some of our colleagues held a press conference to announce that the House would now be serving ''freedom fries'' and ''freedom toast'' instead of French fries and French toast. So far, German chocolate cake, Russian salad dressing, and the entire Chinese food section have been spared the wrath of these culinary correctors.

Mr. Speaker, this episode would be funny if it were not so sad. Because of this stunt, the image of the House in the eyes of the American people and people around the world will diminish once again. This House should not be a punch line, Mr. Speaker; it should not be the butt of jokes on the ''Tonight Show.''

I hope that the Members who staged yesterday's circus enjoyed the publicity. I hope it was worth it.

We are about to go to war, Mr. Speaker. Let us have a real debate about real issues that affect the lives of real people and leave the jokes to the comedians.

CHILD MEDICATION SAFETY ACT OF 2003

(Mr. BURNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURNS. Mr. Speaker, last year the House Committee on Government Reform held a hearing exploring an issue that should shock all of us. Witnesses at the hearing testified that some school officials have taken it upon themselves to decide that a child needs to be placed on psychotropic drugs. These school officials are not licensed medical practitioners, and yet some of these officials have told parents that their child must be on a drug such as Ritalin, or their child would not be allowed to attend school any longer.

No child should face denial of educational services because they are not taking a psychotropic drug.

Last night, I introduced the Child Medication Safety Act of 2003. This legislation will address a significant problem facing children and their parents throughout the Nation and provide parents with protections from being forced into making decisions about their child's health under duress.

This bill has a simple message: States that take Federal education funds must prevent school district personnel, teachers, principals, and other nonlicensed medical professionals from forcing a child to be on psychotropic drugs in order to attend school or receive services.

Mr. Speaker, I urge my colleagues to support this important piece of legislation.

THE INADEQUACY OF THE ADMINISTRATION'S BUDGET

(Mr. MORAN of Virginia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, as we speak, the House Committee on the Budget is marking up a budget resolution for this coming fiscal year. President Bush has proposed a budget that is $304 billion in deficit, the biggest deficit ever submitted. And do you know, there is not one dime in that budget for waging war with Iraq, let alone any of the reconstruction costs that are necessary.

If you look out for the next 10 years, President Bush is suggesting that we should accumulate deficits of over $5 trillion. Halfway through this next decade in 2008, the baby boom generation starts to retire, thereby doubling the number of people dependent upon Social Security and Medicare. Yet all of this $5 trillion in deficit is going to have to be borrowed from the Social Security and Medicare trust funds, and there is not one dime for Iraq or for any of the other domestic priorities.

Think about the fact that this budget means that Veterans Administration hospitals will be able to treat 168,000 fewer veterans, that we will have to eliminate education for homeless children and after-school care.

Take a look at this budget and cry.

□ 1200

THE BUDGET

(Mr. KINGSTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KINGSTON. Mr. Speaker, I wanted to enter into this discussion about the budget because I think it certainly is a worthy one in a time when our Nation has been attacked and is working hard against terrorism and to protect our domestic States from threats. We are at war.

The reality is this is what our budget does. From fiscal year 2002 to 2003, there was a 7 percent increase. From 2003 to 2004 it will be about a 3 percent increase, with about a 5.5 percent increase in defense and in homeland security; there will be increases in unemployment insurance because of the

economy; there will be increases in Social Security and, of course, a big increase in Medicare because of the prescription drug benefit that the President is pushing. Yet at the same time, we do need to tighten our belts. That is the way to attack the deficit.

I am glad to see that the Democrats are interested in the deficit after all of these years. What I would hope is that we can come together on a bipartisan, wartime budget and put the interests of the troops first, of the economy, of homeland security, of our seniors, and yet, at the same time, tighten our belts here in Washington within the government bureaucracy. I look forward to that process.

THE BUDGET

(Mr. HONDA asked and was given permission to address the House for 1 minute.)

Mr. HONDA. Mr. Speaker, my goodness, what a difference 2 years make.

Two years ago, Republicans argued that the projected $5.6 trillion surplus was so huge and so certain that they could accommodate large tax cuts and increases in domestic spending, while still having enough to provide for unseen events. In fact, they even worried that the U.S. may pay off the public debt too quickly.

Today that $5.6 trillion surplus is gone and has been replaced with deficits as far as the eyes can see. Our national public debt has risen to $6.4 trillion, the highest amount in U.S. history.

In fiscal year 2002, American taxpayers spent $333 billion paying interest charges on our national debt, which translates to nearly $1 billion per day, every day.

That total is more than the government spends on education, transportation, child nutrition, homeland security, and the environment combined.

MEDICAL MALPRACTICE INSURANCE

(Mr. BALLANCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BALLANCE. Mr. Speaker, the medical community is rightfully concerned about the rising cost of medical insurance, and I strongly agree that Congress needs to address this urgent issue. There are three key points to be made in responding to this important issue: First, reform the insurance industry; second, reduce frivolous lawsuits wherever they are to be found; and, third, reduce the number of medical errors made, I am advised by my research, by a small minority of 5 percent of the physicians.

The Republican bill's attempt to cap damage awards and blame the trial lawyers would achieve none of these goals.

The insurance companies victimize patients through denial of medical coverage while doctors are severely gouged by staggering premiums. Caps only serve to further victimize patients without providing any relief to the medical profession. More importantly, in my opinion, caps take away our constitutional and time-honored right to trial by jury.

Mr. Speaker, I urge that we vote against this bill and let us pass a real medical malpractice reform bill.

SUPPORT CONYERS-DINGELL ALTERNATIVE

(Ms. LEE asked and was given permission to address the House for 1 minute.)

Ms. LEE. Mr. Speaker, I rise today in opposition to H.R. 5. This bill claims to protect patients' rights but, in fact, it strips away the rights of patients, especially women, seniors, children, and lower income families.

It does protect someone, however. It protects HMOs, the insurance industry, and the pharmaceutical companies.

Medical malpractice is a serious issue, but so is medical error. Thousands of Americans die every year due to medical mistakes and thousands more are injured and placed at risk. The wrong limbs have been amputated. Improper transplants have been performed. These are real people, real examples, and real injuries and deaths, not frivolous lawsuits.

Mr. Speaker, H.R. 5 would restrict the rights of such legitimately and seriously injured patients.

The Conyers-Dingell alternative offers meaningful reform without putting Americans at risk. Conyers-Dingell would eliminate frivolous lawsuits, increase competition, and reduce costs. It would address the crisis situation faced in some geographic areas, but not by sacrificing crucial protections.

I urge my colleagues to oppose H.R. 5 and to protect patients' rights by supporting Conyers-Dingell.

HEALTH CARE FOR THE UNINSURED AND THE HISPANIC HEALTH IMPROVEMENT ACT

(Mr. RODRIQUEZ asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RODRIGUEZ. Mr. Speaker, I rise today to talk about the uninsured in America.

The number of uninsured in this Nation is alarming. Too many people continue to go without insurance coverage. The numbers right now range close to 41 million Americans who are uninsured. The majority of these individuals are hard-working Americans that make $20,000 to $30,000 and find themselves unable to pay for their prescriptions.

Tomorrow we will be filing a piece of legislation, the Hispanic Health Improvement Act. Hispanics are among the largest disproportionate number of uninsured, close to 31 percent. One out of three Hispanics are uninsured, yet 80 percent of those that are uninsured are working Americans, working hard but unable to provide it.

The bill will provide an expansion not only to Medicaid, but also to SCHIP. It also will provide an increase in resources for those areas that disproportionately hit Hispanics such as diabetes, cancer, asthma, HIV/AIDS, and others. It also will provide an opportunity to provide access and affordability in the areas that are confronted. In addition to that, it also will strengthen the Nation's health care by allowing more opportunities for doctors and nurses to be included.

AMERICA NEEDS TAX RELIEF

(Mr. STEARNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, America needs tax relief. The economy lost 308,000 jobs in February, one of the sharpest drops in recent memory. The unemployment rate now stands at 5.8 percent. While this is relatively low by historical standards, the unemployment rate was only 4 percent as recently as 2000.

Now, the President's economic growth package, I believe, is urgently needed to increase the number of jobs created in the United States. Private sector economists have drawn the same conclusion. The jobs growth package could create millions of new jobs. For example, the Macroeconomic Advisers estimate that the package would lead to the creation of nearly 2 million jobs by the end of 2004. The Business Roundtable puts the figure at more than 3 million.

So, Mr. Speaker, I believe that we should pass the Bush tax relief plan now.

THE BUDGET

(Ms. HOOLEY of Oregon asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HOOLEY of Oregon. Mr. Speaker, as we are poised to go to war and as States like Oregon are drowning in deficits caused by the souring economy, we would think it would be more vital than ever to adopt a responsible budget, one at least that addresses reality.

Unfortunately, the budget produced by the majority this year has huge tax cuts that do not stimulate the economy and would enact across-the-board spending cuts, regardless of the value of the services: Schools, nursing homes, veterans health care, law enforcement, bridges, highways, ports, and that is just to name a few.

While here in Washington these may be just functions in a budget, at home they represent our local economy, national defense, and public good. We should have the courage to face these tough decisions on a case-by-case basis

and not shy away from our responsibility, a budget that addresses the needs of all Americans.

THE TRUTH ABOUT H.R. 5

(Mr. CROWLEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CROWLEY. Mr. Speaker, people on the other side are trying to pass off caps on medical malpractice awards as good for patients and doctors. In reality, it is only good for insurance companies.

The truth is, capping medical malpractice awards does not mean insurance rates will fall. Compare average insurance premiums for States with damage caps versus premiums for States with no gaps. For OB/GYN doctors, especially those hard hit by medical malpractice awards, we find that OB/GYNs in States without caps pay only 3.4 percent more than their counterparts in States with award caps.

General surgery doctors actually pay $602 more, not less, in States that have caps in medical malpractice awards.

Governor Jeb Bush's own CFO was quoted 2 weeks ago saying that medical malpractice insurance is rising in Florida because insurance companies are trying to make up losses in a soft economy.

Capping medical malpractice awards will not cause insurance rates to go down. Capping medical malpractice awards is simply a handout to the insurance industry at the expense of innocent patients and victims.

ASSASSINATION OF SERBIAN PRIME MINISTER ZORAN DJINDJIC

(Mr. CARDIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARDIN. Mr. Speaker, I rise today with a heavy heart to condemn in the strongest possible terms the assassination of Serbian Prime Minister Zoran Djindjic.

As a Member of Congress, I express my condolences to the government of Serbia and Montenegro and to the family of the late Prime Minister. Mr. Djindjic was one of the driving forces behind the extradition of Slobodan Milosevic to the Hague for war crimes, and also favored increased political and economic cooperation with the West.

Mr. Speaker, I think it is our responsibility to encourage the government of Serbia and Montenegro to hold all of those responsible for the assassination accountable and to continue their work for economic reform and full cooperation with the War Crimes Tribunal, including the turning over of those indictees who still remain at large and cooperation on the witnesses and the information that is needed.

Again, Mr. Speaker, we offer our condolences to the family.

APPOINTMENT OF MEMBERS TO JOINT ECONOMIC COMMITTEE

The SPEAKER pro tempore (Mr. LAHOOD). Pursuant to 15 U.S.C. 1024(a) and the order of the House of January 8, 2003, the Chair announces the Speaker's appointment of the following Members of the House to the Joint Economic Committee:

Mr. STARK of California,
Mrs. MALONEY of New York,
Mr. WATT of North Carolina,
Mr. HILL of Indiana.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions may be taken in two groups, the first occurring before debate has concluded on motions to suspend the rules and the second after debate has concluded on remaining motions.

HOSPITAL MORTGAGE INSURANCE ACT OF 2003

Mr. GARY G. MILLER of California. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 659) to amend section 242 of the National Housing Act regarding the requirements for mortgage insurance under such Act for hospitals, as amended.

The Clerk read as follows:

H.R. 659

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Hospital Mortgage Insurance Act of 2003''.

SEC. 2. STANDARDS FOR DETERMINING NEED AND FEASIBILITY FOR HOSPITALS.

(a) IN GENERAL.—Paragraph (4) of section 242(d) of the National Housing Act (12 U.S.C. 1715z–7) is amended to read as follows:

''(4)(A) The Secretary shall require satisfactory evidence that the hospital will be located in a State or political subdivision of a State with reasonable minimum standards of licensure and methods of operation for hospitals and satisfactory assurance that such standards will be applied and enforced with respect to the hospital.

''(B) The Secretary shall establish the means for determining need and feasibility for the hospital. If the State has an official procedure for determining need for hospitals, the Secretary shall also require that such procedure be followed before the application for insurance is submitted, and the application shall document that need has also been established under that procedure.''.

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendment made by this subsection (a) shall take effect and apply as of the date of the enactment of this Act.

(2) EFFECT OF REGULATORY AUTHORITY.—Any authority of the Secretary of Housing and Urban Development to issue regulations to carry out the amendment made by subsection (a) may not be construed to affect the effectiveness or applicability of such amendment under paragraph (1) of this subsection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. GARY G. MILLER) and the gentlewoman from California (Ms. WATERS) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. GARY G. MILLER).

GENERAL LEAVE

Mr. GARY G. MILLER of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to include extraneous material thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. GARY G. MILLER of California. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 659, the Hospital Mortgage Insurance Act of 2003, and I urge my colleagues to vote in favor of this important legislation.

This legislation would give the Department of Housing and Urban Development the authority to provide FHA mortgage insurance to hospitals across the country which are currently ineligible for the insurance due to the lack of a State Certificate of Need Program.

The reduced costs for these hospitals will allow the modernization and rehabilitation of medical facilities across the country.

We have all heard from hospitals in our districts about the significant challenge they are facing in providing care to patients who are covered by Medicare and Medicaid. Hospital budgets are further strained as improvements in technology and health care knowledge require capital improvements such as additions and renovations to existing buildings.

The need for capital improvements at hospitals will continue to grow as hospitals are increasingly under pressure to acquire state of the art equipment and expand services.

We all know that modern health care facilities can improve the quality of life and the health of the population, yet financing for these new improvements at hospital facilities is often not readily available.

To assist States in providing modern health care facilities, Congress created section 242 of the National Housing Act.

Section 242 permits FHA to insure mortgages used to finance the replacement, modernization, and rehabilitation of inefficient existing hospital facilities. Hospitals benefit from the low interest rate costs attributable to FHA-insured financing.

Under the 1968 law, to be eligible for section 242 financing a hospital must obtain a Certificate of Need from a designated State agency. The Certificate

of Need determines whether the hospital applying for the loan meets certain eligibility requirements for the receipt of the FHA loan guarantee.

In the absence of Certificate of Need authority, a State is allowed to commission a feasibility study. In addition, the hospital is required to demonstrate that there is a reasonable State or local minimum licensing and operating standard in effect.

The Certificate of Need Program is established to control the number of hospital beds and expenditures. When the Federal Certificate of Need Program began, 49 States enacted legislation for its Certificate of Need Program. Louisiana was the only State that did not.

As a result of continuing Federal policies encouraging deregulation, Certificate of Need authority has sunsetted in some States. In fact, over the last 20 years, at least 18 States have repealed the Certificate of Need Programs.

My own State of California does not have a Certificate of Need process. Therefore, it is far more difficult for hospitals to secure FHA-insured financing.

□ 1215

Under this new legislation, California would be put on a level playing field with other States.

Even in States that have retained the Certificate of Need authority, some projects do not qualify. In States that do not have a Certificate of Need program, the relevant State agency often lacks the authority to commission alternative feasibility studies. The result of this is many States simply do not have access to this lower-cost FHA-insured financing.

In fact, of the 64 hospital mortgages FHA currently insures under this program, only four are located in non-Certificate of Need States. Obviously, the section 242 program must be changed so that FHA-insured financing is accessible to hospitals in all States.

H.R. 659 would give HUD the authority to establish a process for determining the need and feasibility for a hospital's proposed project, thus eliminating the requirement for States to provide a feasibility study where no Certificate of Need exists.

This is an important bill that makes the necessary changes to ensure that the section 242 program is a viable program for all States. Again, I urge my colleagues to support this legislation and ensure that FHA-insured financing is available in each State for the purpose of building new hospitals.

Mr. Speaker, I reserve the balance of my time.

Ms. WATERS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 659; and I would like to thank the subcommittee chairman, the gentleman from Ohio (Mr. NEY), and our chairman of the committee, the gentleman from Ohio (Mr. OXLEY), for expediting this legislation, because it is certainly needed.

I stand in strong support because FHA insures hospitals certainly under the section 242 loan program. The funding year 2004 administration budget is requesting the authority to insure $700 million of such hospital loans in funding year 2004. Decade-old statutory language authorizing FHA-hospital loans requires as a condition of a loan a State certification that there is a need for the hospital, or if no State procedure exists for such a certification, the State must commission an independent study of market need and feasibility.

H.R. 659 addresses that concern that this Certificate of Need requirement makes it difficult, if not impossible, for hospitals in many States, including California, as was mentioned, to be eligible for FHA loans.

This bill replaces existing statutory requirements with one that simply requires the HUD Secretary to establish a means for determining need and feasibility for any hospitals applying for a loan, with a proviso that a hospital located in any State with an official procedure for determining need, that a Certificate of Need must follow that procedure.

So I think that it has been well stated that the need is there. There are so many States that are waiting on us to provide them the opportunity to have access to this insurance, and I would ask for an ''aye'' vote.

Mr. OXLEY. Mr. Speaker, I rise in strong support of H.R. 659, the Hospital Mortgage Insurance Act of 2003 and urge my colleagues support.

The Committee on Financial Services unanimously approved this legislation on February 13, 2003. H.R. 659 amends Section 242 of the National Housing Act to ensure that every state will be eligible for FHA insured financing to build new hospitals or renovation and updates existing hospitals. The version we are considering today includes an amendment that will make this legislation effective immediately.

Back in 1968, Congress enacted Section 242 in recognition that hospitals were in need of low cost financing in order to fund capital improvements such as additions and renovations to existing buildings, and in some cases to build new hospitals. In order to be eligible for the financing, the 1968 law required the hospital to obtain a certificate of need or to perform a feasibility study. However, over the years, as part of the effort to encourage deregulation, certificate of needs authority has sunset in some states.

H.R. 659 recognizes the fact that many states no longer have certificate of needs authority or the mechanisms in place for feasibility studies. It sets up a more simplified process for states to be eligible for the low-cost FHA insured financing.

H.R. 659 will help to assure that quality, affordable health care is more accessible to rural and urban American communities where conventional financing may not be readily available.

According to the Congressional Budget Office, enacting this legislation would result in $2 million to $3 million of additional collections each year, which will offset any additional costs associated with this change in the program.

I want to thank Housing Subcommittee Chair BOB NEY and Ranking Member MAXINE WATERS for their leadership on this important bill. Mr. Speaker, this is a good bill and I urge member's support.

Ms. WATERS. Mr. Speaker, I yield back the balance of my time.

Mr. GARY G. MILLER of California. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from California (Mr. GARY G. MILLER) that the House suspend the rules and pass the bill, H.R. 659, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. GARY G. MILLER of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

AUTOMATIC DEFIBRILLATION IN ADAM'S MEMORY ACT

Mr. SHIMKUS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 389) to authorize the use of certain grant funds to establish an information clearinghouse that provides information to increase public access to defibrillation in schools.

The Clerk read as follows:

H.R. 389

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Automatic Defibrillation in Adam's Memory Act''.

SEC. 2. AMENDMENT TO PUBLIC HEALTH SERVICE ACT.

Subsection (c) of section 312 of the Public Health Service Act (42 U.S.C. 244), as amended by Public Law 107–188, is amended—

(1) at the end of paragraph (5), by striking ''and'';

(2) by redesignating paragraph (6) as paragraph (7); and

(3) by inserting after paragraph (5) the following:

''(6) establish an information clearinghouse that provides information to increase public access to defibrillation in schools; and''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. SHIMKUS) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois (Mr. SHIMKUS).

GENERAL LEAVE

Mr. SHIMKUS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material on H.R. 389.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. SHIMKUS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, what I have before me is an emergency external defibrillator, and that is the purpose of the bill we have on the floor as we speak. It is an incredible device that saves lives, and that is what this legislation is a means to address.

As one of the original co-sponsors of this bill and as a proud member of the Committee on Energy and Commerce, I would like to commend all of those who have worked to bring this legislation to the floor.

This is a training model of an AED, an acronym that stands for Automatic External Defibrillator. While the training device cannot save a life, AEDs can and have in every corner of the States. While many know about our Chicago airports which have lead the Nation establishing public access to defibrillation programs, I would like to tell you the story about Sean Morely. Sean is a 13-year-old boy from Buffalo Grove, Illinois, whose life was saved because of an AED. While playing baseball Sean was hit in the chest by a fastball. He went into sudden cardiac arrest, a condition where the victim's heart most commonly flutters in the chest, but does not provide the body with oxygenated blood. Within 10 minutes, there is nearly zero chance of saving a cardiac arrest victim's life. But Sean was lucky. A passing police officer from another district used the defibrillator in the trunk of his car to restore a normal heart beat for the young athlete.

It is important to realize that defibrillation is the only way to restart a sudden cardiac arrest victim's heart. Without that defibrillator, this story would have had a much different ending.

Stories like these have driven State governments to pass bills requiring AEDs in numerous locations. The Adam Act will help our local communities by setting up a national clearinghouse to provide schools with how-to and technical advice to set up public access defibrillation programs. It will ensure that schools have access to the appropriate training, successful fundraising techniques, and other logistics involved. This is particularly helpful to smaller school districts that do not have the local resources such as a major hospital that often exist in more urban areas.

The clearinghouse will also collect data on a large scale, an effort to allow for research with issues related to cardiac death in children and adolescents.

Over 200,000 Americans die each year of sudden cardiac arrest including children. The American Heart Association estimates that about 50,000 of these victims' lives could be saved each year with a strong chain of survival. The chain of survival includes an immediate call to 911, early CPR and defibrillation, and the arrival of early advanced life support.

Please do not think that your community does not need this type of assistance. Consider that the average emergency response time is about 12 minutes. That is 2 minutes after a cardiac arrest victim is beyond help. The small cost in supplying this technology to our schools will be returned in full and by the length of service of years to the community for each young life saved.

Mr. Speaker, I appreciate all my friends and colleagues who have worked on this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank the gentleman from Illinois (Mr. SHIMKUS) for this piece of legislation, and I also want to thank my distinguished colleague from California (Mrs. CAPPS) for being the prime sponsor of this very important piece of legislation, House Resolution 389, the Adam Act or the Auto Defibrillation in Adam's Memory Act. This is an important piece of legislation that will authorize the appropriation of resources to establish a much-needed clearinghouse providing information to increase public awareness to successful life-saving tools and programs.

Mr. Speaker, as we all know, heart disease is the single leading cause of death in America. This year alone over 1 million people will suffer from cardiac attacks, or coronary attacks. Over half of these people will die, and half of those will die before they reach the hospitals. Additionally, 60 percent of the heart-related deaths are due to cardiac arrest, and half of those occur in the patient before they can reach the hospital.

It is vitally important to ensure that victims of heart disease and cardiac arrest are able to receive immediate medical attention, first responders right at the site. The Adam Act will help enable Americans to recognize and respond to incidences of heart disease and cardiac arrest by providing schools with the guidance and resources necessary to set up public access defibrillation programs. H.R. 389 will work to ensure that schools have access to the appropriate training, fundraising techniques and other logistical requirements for successful life-saving programs. This is a very important and good bill, and I urge my colleagues to join me in supporting this important bill, a life-saving piece of legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. SHIMKUS. Mr. Speaker, I yield such time as he may consume to the gentleman from Louisiana (Mr. TAUZIN), chairman of the full committee.

Mr. TAUZIN. Mr. Speaker, let me congratulate the gentleman from Illinois (Mr. SHIMKUS) for this extraordinary bill. This is indeed a life saver. There are many things we do in this House that affect people's pocketbooks or the way in which we do business in this country or the way in which we live in our communities. This one saves lives. And when we have these important bills we ought to really be grateful to the authors who bring them forward and who gave so much time and attention to it, as the gentleman from Illinois (Mr. SHIMKUS) has done.

This bill, H.R. 389, the Automatic Defibrillation in Adam's Memory Act, is a simple clarification of a grant program authorized already by the Public Health Security and Bio-terrorism Response Act for States, Indian tribes and localities to develop and implement public access defibrillation programs. Because many schools also serve as community meeting places, several communities are considering placing the AEDs in their schools. In order to assist the schools interested in installing these AEDs, this bill clarifies that the public access defibrillation program grant dollars already authorized may also be used to establish information clearinghouses to assist in these efforts.

Automatic external defibrillators, AEDs, are widely used by emergency personnel and health professionals to assist individuals suffering from sudden cardiac arrest. The use of AEDs has proven effective to save lives when following the chain-of-survival plan developed by the American Heart Association, which includes an immediate call to 911, early CPR and defibrillation, and early advanced life support.

Heart disease is the leading cause of death in this country. AEDs have proven helpful in reducing the number of cardiac arrest fatalities and expanding the use of these medical devices will undeniably help save more lives.

Again, I want to thank the gentleman from Illinois (Mr. SHIMKUS) and my friend, the gentleman from Louisiana (Mr. JOHN), for all the work our committee did in a bipartisan fashion to bring this bill forward.

The gentleman from Louisiana (Mr. JOHN) may not remember this, but when Dudley LeBlanc was a senator in the State senate in Louisiana, I watched as he suffered a massive cardiac arrest in the house chamber. And I watched as a defibrillation team came in and saved his life in front of all the other members, a dramatic, if you will, example of how this technology can really save lives.

Again, I thank both the gentlemen, but also to all the members of the Committee on Energy and Commerce for the great work they have done in bringing this bill forward. I urge my colleagues in the House to adopt it expeditiously.

Mr. JOHN. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Mrs. CAPPS), a prime sponsor of this life-saving piece of legislation.

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding me time.

Mr. Speaker, I am so pleased to rise in support of H.R. 389, the Automatic Defibrillation in Adam's Memory Act.

As co-chair of the Congressional Heart and Stroke Coalition and Caucus, I was proud to join with the gentleman from Illinois (Mr. SHIMKUS) in introducing this bill last year and again this year. And I want to thank my colleague from Illinois for his leadership on this issue. For the last few years, Congress has passed several bills to expand the use of automatic external defibrillators, or AEDs.

We have provided protections for good Samaritans, encouraged State and local governments to place AEDs in their buildings, and provided funds for their communities to purchase these devices.

The gentleman from Florida (Mr. STEARNS) and I have recently been urging the Architect of the Capitol to acquire AEDs and place them around the grounds.

□ 1230

We hope we will see movement on this very soon, and now, with this legislation before us, we are starting to get them into schools. Some have suggested that AEDs will become as prevalent as fire extinguishers. We can only hope so. Rescue professionals know firsthand their cost effectiveness.

This bill would create a national clearinghouse of information about AEDs and public defibrillation so that schools can begin placing them throughout their facilities. We do not usually think of children at school as being a high risk group for heart attack, but it has been known to happen, and schools, let us keep in mind, often serve as community meeting places where the public can gather at various events. Think of the times when schools are used as disaster centers. Add to this the parents, teachers and staff at the schools, and it only makes sense to be assured that they have the life saving devices such as AEDs available.

I urge my colleagues to support this bill.

Mr. JOHN. Mr. Speaker, we have no further speakers, and I yield back my time.

Mr. SHIMKUS. Mr. Speaker, I yield myself such time as I may consume.

I, too, want to mention the support from my colleague who just spoke, the gentlewoman from California (Mrs. CAPPS), who has really become a champion on a lot of health care-related items, and so when we get her on our team that is a good teammate to have, and I do appreciate that.

There is a health care crisis in America. There is a health care crisis in rural America. I think the point that 10 minutes, the response time being 12 minutes for the response time from most paramedics, 10 minutes is too short of a time. They cannot get there. That poses this need for this bill. That chain of survival, the E–911. We had the E–911 Caucus that helped us locate individuals, CPR, defibrillation and other life support measures.

This is an important bill and I appreciate the committee and my friends on the Democratic side for helping move this expeditiously to the floor. I ask my colleagues to support this bill.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Illinois (Mr. SHIMKUS) that the House suspend the rules and pass the bill, H.R. 389.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SHIMKUS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 342) to authorize grants through the Centers for Disease Control and Prevention for mosquito control programs to prevent mosquito-borne diseases, and for other purposes.

The Clerk read as follows:

H.R. 342

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Mosquito Abatement for Safety and Health Act''.

SEC. 2. GRANTS REGARDING PREVENTION OF MOSQUITO-BORNE DISEASES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 4 of Public Law 107–84 and section 312 of Public Law 107–188, is amended—

(1) by transferring section 317R from the current placement of the section and inserting the section after section 317Q; and

(2) by inserting after section 317R (as so transferred) the following section:

''SEC. 317S. MOSQUITO-BORNE DISEASES; COORDINATION GRANTS TO STATES; ASSESSMENT AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.

''(a) COORDINATION GRANTS TO STATES; ASSESSMENT GRANTS TO POLITICAL SUBDIVISIONS.—

''(1) IN GENERAL.—With respect to mosquito control programs to prevent and control mosquito-borne diseases (referred to in this section as 'control programs'), the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States for the purpose of—

''(A) coordinating control programs in the State involved; and

''(B) assisting such State in making grants to political subdivisions of the State to conduct assessments to determine the immediate needs in such subdivisions for control programs, and to develop, on the basis of such assessments, plans for carrying out control programs in the subdivisions.

''(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to States that have one or more political subdivisions with an incidence or prevalence of mosquito-borne disease, or a population of infected mosquitoes, that is substantial relative to political subdivisions in other States.

''(3) CERTAIN REQUIREMENTS.—A grant may be made under paragraph (1) only if—

''(A) the State involved has developed, or agrees to develop, a plan for coordinating control programs in the State, and the plan takes into account any assessments or plans described in subsection (b)(3) that have been conducted or developed, respectively, by political subdivisions in the State;

''(B) in developing such plan, the State consulted or will consult (as the case may be under subparagraph (A)) with political subdivisions in the State that are carrying out or planning to carry out control programs;

''(C) the State agrees to monitor control programs in the State in order to ensure that the programs are carried out in accordance with such plan, with priority given to coordination of control programs in political subdivisions described in paragraph (2) that are contiguous;

''(D) the State agrees that the State will make grants to political subdivisions as described in paragraph (1)(B), and that such a grant will not exceed $10,000; and

''(E) the State agrees that the grant will be used to supplement, and not supplant, State and local funds available for the purpose described in paragraph (1).

''(4) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the State involved agrees that, promptly after the end of the fiscal year for which the grant is made, the State will submit to the Secretary a report that—

''(A) describes the activities of the State under the grant; and

''(B) contains an evaluation of whether the control programs of political subdivisions in the State were effectively coordinated with each other, which evaluation takes into account any reports that the State received under subsection (b)(5) from such subdivisions.

''(5) AMOUNT OF GRANT; NUMBER OF GRANTS.—A State may not receive more than one grant under paragraph (1).

''(b) PREVENTION AND CONTROL GRANTS TO POLITICAL SUBDIVISIONS.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to political subdivisions of States for the operation of control programs.

''(2) PREFERENCE IN MAKING GRANTS.—In making grants under paragraph (1), the Secretary shall give preference to political subdivisions that—

''(A) have an incidence or prevalence of mosquito-borne disease, or a population of infected mosquitoes, that is substantial relative to other political subdivisions;

''(B) demonstrate to the Secretary that the political subdivisions will, if appropriate to the mosquito circumstances involved, effectively coordinate the activities of the control programs with contiguous political subdivisions;

''(C) demonstrate to the Secretary (directly or through State officials) that the State in which the political subdivision is located has identified or will identify geographic areas in the State that have a significant need for control programs and will effectively coordinate such programs in such areas; and

''(D) are located in a State that has received a grant under subsection (a).

''(3) REQUIREMENT OF ASSESSMENT AND PLAN.—A grant may be made under paragraph (1) only if the political subdivision involved—

''(A) has conducted an assessment to determine the immediate needs in such subdivision for a control program, including an entomological survey of potential mosquito breeding areas; and

''(B) has, on the basis of such assessment, developed a plan for carrying out such a program.

''(4) REQUIREMENT OF MATCHING FUNDS.—

''(A) IN GENERAL.—With respect to the costs of a control program to be carried out under paragraph (1) by a political subdivision, a grant under such paragraph may be made only if the subdivision agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than ⅓ of such costs ($1 for each $2 of Federal funds provided in the grant).

''(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

''(C) WAIVER.—The Secretary may waive the requirement established in subparagraph (A) if the Secretary determines that extraordinary economic conditions in the political subdivision involved justify the waiver.

''(5) REPORTS TO SECRETARY.—A grant may be made under paragraph (1) only if the political subdivision involved agrees that, promptly after the end of the fiscal year for which the grant is made, the subdivision will submit to the Secretary, and to the State within which the subdivision is located, a report that describes the control program and contains an evaluation of whether the program was effective.

''(6) AMOUNT OF GRANT; NUMBER OF GRANTS.—A grant under paragraph (1) for a fiscal year may not exceed $100,000. A political subdivision may not receive more than one grant under such paragraph.

''(c) APPLICATIONS FOR GRANTS.—A grant may be made under subsection (a) or (b) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(d) TECHNICAL ASSISTANCE.—Amounts appropriated under subsection (f) may be used by the Secretary to provide training and technical assistance with respect to the planning, development, and operation of assessments and plans under subsection (a) and control programs under subsection (b). The Secretary may provide such technical assistance directly or through awards of grants or contracts to public and private entities.

''(e) DEFINITIONS.—For purposes of this section:

''(1) The term 'control program' has the meaning indicated for such term in subsection (a).

''(2) The term 'political subdivision' means the local political jurisdiction immediately below the level of State government, including counties, parishes, and boroughs. If State law recognizes an entity of general government that functions in lieu of, and is not within, a county, parish, or borough, the Secretary may recognize an area under the jurisdiction of such other entities of general government as a political subdivision for purposes of this Act.

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $100,000,000 for fiscal year 2003, and such sums as may be necessary for each of the fiscal years 2004 through 2007. In the case of control programs carried out in response to a mosquito-borne disease that constitutes a public health emergency, the authorization of appropriations under the preceding sentence is in addition to applicable authorizations of appropriations under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002.''.

SEC. 3. RESEARCH PROGRAM OF NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES.

Subpart 12 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end the following section:

''METHODS OF CONTROLLING CERTAIN INSECT AND VERMIN POPULATIONS

''SEC. 463B. The Director of the Institute shall conduct or support research to identify or develop methods of controlling insect and vermin populations that transmit to humans diseases that have significant adverse health consequences.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume.

We will be speaking about mosquitos. I think it is appropriate that we represent both sides of the aisle by gentlemen from Louisiana.

I am pleased that the House is considering today the Mosquito Abatement for Safety and Health Act. I want to congratulate and thank the gentleman from Crowley, Louisiana (Mr. JOHN) for his authorship of this very important legislation, not just for our State, by the way, but for so many States in the Nation where, in fact, the West Nile virus has threatened lives, and it has, in fact, harmed so many individuals.

In fact, today, Illinois, Michigan and Iowa lead the country, three States ahead of Louisiana, in the number of reported cases of West Nile virus, and while we are experiencing wintry weather here in the Nation's capital, we may have rather numbed our senses to the fact that warm and wet weather is just around the corner and with it will come flowers, sunshine and, yes, mosquitos.

Just yesterday, USA Today warned, ''Keep the bug spray handy, there is a good chance that West Nile virus will complete its coast-to-coast march this summer''; in fact, warning us that it is going to make it to the West Coast before the summer is over.

Last summer, the West Nile infected over 40 States. It has led to the death of 274 of our fellow citizens. It has made 4,000 others seriously ill, and what is remarkable is that many more Americans may have been infected by the West Nile virus but thankfully did not develop its serious complication.

Since 1999, when the West Nile was first detected in our country, the Centers for Disease Control and Prevention have taken the lead in assisting the States and the localities in combatting the spread of this disease.

The bill we are considering today will complement the work of the CDC and will provide authority to the Secretary of Health and Human Services to make grants to States for the purpose of coordinating such things as mosquito control programs, assessment and mosquito control planning grants to political subdivisions, and assistance in combatting the spread of mosquitos that carry West Nile. In addition, this Act authorizes CDC to award grants to political subdivisions of States for the operation of mosquito control programs themselves.

The rapid outbreak of West Nile across America, which is fast outpacing the prediction of many scientists, has made it very difficult for our communities to adequately respond. The additional Federal dollars we authorize through this legislation will assist States and localities with their immediate needs to combat it.

Notably, this legislation recognizes the importance of keeping mosquito control programs running and controlled at the local level, where they have historically operated. It simply gives additional support to the CDC so it can provide technical and training assistance to the planning, development and operation of these programs.

Finally, it directs the National Institutes of Health to support and conduct research to identify or develop methods to control insect and vermin populations that transmit diseases that have significant adverse health consequences for humans. The findings from this research hold the potential for the development of additional products to assist in mosquito control efforts.

Again, I want to thank the gentleman from Louisiana (Mr. JOHN) for his enormous leadership in this act and so many other things before the Committee on Energy and Commerce.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

I would like to thank the gentleman from Louisiana as chairman of our Committee on Energy and Commerce and also the gentleman from Michigan (Mr. DINGELL), the ranking member. Without their leadership, this legislation would never be on the floor today, and to the gentleman from Louisiana

(Mr. TAUZIN), I think that it is appropriate that we two Louisianans on either side of the aisle take the lead on this piece of legislation because, as we all know, mosquitos are nonpartisan biting insects, and so it is really important that we have a nonpartisan bill here. So I thank the gentleman very, very much for doing this.

I also want to thank Cheryl Jaeger with the majority staff and John Ford with the minority staff for their help in bringing this bill to the floor today.

I also want to thank the 50-plus cosponsors of this piece of legislation that are on both sides of the aisle from all over the country, 50-plus people. I also want to add the support of the gentleman from Arkansas (Mr. ROSS) and also the gentlewoman from Connecticut (Ms. DELAURO) and a special support from the gentlewoman from Texas (Ms. JACKSON-LEE) who shared with me just this morning a story of a lady, a constituent of hers, who died in her garden this past summer from West Nile virus. So she is a strong supporter of this piece of legislation.

I first introduced this piece of legislation in May of 2002 in the 107th Congress last year, and I do not think anyone would have realized, especially Members of Congress or any other Americans would have realized or imagined the effect West Nile has had since that time when I introduced this piece of legislation.

As we can see from the visual aids, the West Nile virus in the United States from 1999 to 2001 are depicted here in the red States, all the way from the Northeast all the way down to Louisiana, basically separated somewhat by the Mississippi River, but if we look at what has happened in just 1 year alone or year-and-a-half, the visual aid on my right indicates the verified cases, as of December 11 of this past year, of the cases of West Nile virus. They have spread to almost every State in our Union.

It is important to note that the spread of this has happened only over the last year-and-a-half. Over 4,000 people have been infected, and 300 people have died of this disease. The people of Louisiana have suffered almost 330 human cases, 24 deaths, but surprisingly enough we were not the worst ones affected. The State of Illinois, 800 human cases; the State of Michigan, 550 cases; and Ohio, 450 cases.

It is important that we know a little bit about this disease because it is somewhat new to the United States, and it is also important to know that prior to 1999 it was not diagnosed or it was not a disease that was diagnosed in America. It was first discovered in New York City in 1999, only 4 years ago. Before that, this virus was very common in Africa, Eastern Europe, Asia, or Western Asia and the Middle East. It is also important to know how this disease spreads, to try to get to better understanding of how we can cope with it.

First of all, it is a disease that infests birds, birds of all prey, but it is mostly in bluejays and crows where it is found more prevalent, and of course, this disease, mosquitos bite these birds and these birds go on and spread this virus to many hundreds and thousands of mosquitos who, in turn, bite humans, cattle, animals and infect them. So that is how the disease is spread. It is also important to note that the disease patterns are very similar to the migratory patterns of some of these birds. So we know a little bit about it, but we need to know more.

This disease has spread faster across America than anyone could ever, ever have imagined, including the Centers for Disease Control. Their projections were wrong about the spread of this disease. In 1 year the disease has spread all the way, as I mentioned, from the Mississippi River all the way to the Western coast of California and almost every other State in between, and of course, as my visuals show, this is now not just about the mosquito, the breeding States of this country, but it is a national public health threat, and I believe that the Federal Government should get involved and that is what this piece of legislation is all about.

The counties and parishes of this country have really surpassed their budgets. Mosquito control abatement programs are all done on the local level. The Federal Government, today, hopefully this bill will change that, but today is only done by parishes in Louisiana and, of course, counties, and they have surpassed their budget with this outbreak by many years in advance. They have spent their budgets last year for the foreseeable future on whatever they had budgeted for mosquito abatement programs.

Our public health systems have been strained because of this disease, and those who have been infected have put a real burden on our public health systems.

The population that is most at risk is our elderly population. The little research that we have found so far with this disease is that our seniors are most vulnerable. In fact, most of the deaths have occurred from West Nile in our senior population, and I think that that is very unfortunate and, also, young children. In fact, in the State of Louisiana there were concerns about recesses, outdoor activities, soccer fields. The soccer programs that are kicking off I know in my home State and across the country, the parents are very concerned about the spread of this disease because that is where mosquitos are.

Aside from some of the human casualties that I have mentioned before, it has become a real problem in Louisiana and other States across the country with cattle. Cattle are very susceptible to this disease, and the horsemen in Louisiana are very concerned about the spread of this. In fact, many of the cattlemen in Louisiana have been instructed to vaccinate their herds, to make sure in the coming mosquito season that they can have the proper vaccine.

Currently, there are no human vaccines to help with the spread of West Nile virus. NIH is working to develop this, but frankly, since it is such a new disease the realization is that a final product for vaccinating humans is years away. Therein lies the need for this piece of legislation.

Our only tools to fight this disease today are in mosquito abatement through education, and that is what this bill is all about.

Currently, the CDC helps to educate the public and local government on disease and prevention, but the CDC also does surveillance to the States to help monitor the progress of the virus.

□ 1245

But, Mr. Speaker, I believe, and I beg of this body, that this is not enough. This is not enough. Eradication of mosquitoes is the most effective way today that we can stop the spread of mosquito-borne diseases. Abatement programs are handled on a local level, as I had said earlier, but counties are stressed. And the counties and parishes most in need are rural parishes that have a lower tax base and a lower ability to fund a very aggressive mosquito abatement program. H.R. 342 establishes a one-time matching grant program through the CDC to assist parishes and counties with either maintaining a mosquito control program or, frankly, starting one up. It is a two-to-one match not to exceed $100,000 per parish or county.

Finally, in order to ensure that our hardest hit areas are addressed, this piece of legislation prioritizes the States and counties and areas of the United States that have more proven cases and a more focal point for the disease in different areas of the State. But I believe we must act now. The 2003 mosquito season, and, frankly, the mosquito season in Louisiana never goes away, but the real aggressive mosquito season is at our doorstep around this country so it is important for us to act.

Mr. Speaker, I want to thank again the chairman of our committee, the gentleman from Louisiana (Mr. TAUZIN), and the ranking member for putting this bill through the committee very quickly and getting it on the floor today because it is certainly the time to address the mosquito problem in this country

Mr. Speaker, I reserve the balance of my time.

Mr. TAUZIN. Mr. Speaker, I yield myself such time as I may consume to just advise that some of my Cajun friends have suggested that if we come up with a good mosquito gumbo recipe we might be able to solve some of these problems.

Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Arkansas (Mr. BOOZMAN), my dear friend from my neighboring State.

Mr. BOOZMAN. Mr.Speaker, I thank the gentleman for yielding me this time.

Certainly as an Arkansan I am very aware of the West Nile disease. My brother, Fay Boozman, the Director of Arkansas' Health Department, testified before a Congressional committee that it is very possible that more Arkansans will be infected with the West Nile virus this year. This estimate reflects the fact that the number of cases has steadily increased in Arkansas since the West Nile virus first appeared in 2001.

Arkansas is certainly not alone in this trend. In fact, epidemiologists expect that in the upcoming season the virus will reach all 48 contiguous States, which is why Congress needs to act now. States like Arkansas cannot afford to dip into their emergency funds to combat the spread of West Nile virus. This bill will help States and localities fight this virus by authorizing matching grants of up to $100,000 for their mosquito abatement programs.

Mr. Speaker, I commend the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) for their leadership on this issue and for bringing this bill to the floor for a vote. I encourage my colleagues to pass this bill and provide much needed relief to our State and local governments who are on the front lines of this fight.

Mr. JOHN. Mr. Speaker, I proudly yield such time as he may consume to the gentleman from northeast Louisiana (Mr. ALEXANDER).

(Mr. ALEXANDER asked and was given permission to revise and extend his remarks.)

Mr. ALEXANDER. Mr. Speaker, in the summer of 2001 there was an outbreak of St. Louis encephalitis in four parishes in northeast Louisiana. There were 70 incidents resulting in 7 deaths. Seven of those incidents and two of the deaths were in parishes without mosquito control programs. In addition, in my district, Pointe Coupee Parish had the highest incidence of West Nile virus in Louisiana at more than 52 cases per 100,000 population.

When I was chairman of the Louisiana Health and Welfare Committee, we met to discuss State efforts to coordinate mosquito control. One of the issues that we often discussed was the Federal funding that was available for testing and education, but it was not readily available for mosquito control. That is why I support the MASH Act, because it provides much needed Federal funding for control and education.

I am proud to be a cosponsor of this legislation which provides needed assistance to local governments to control the outbreak of mosquito-borne illnesses. I also commend the gentleman from Louisiana (Mr. JOHN) and the gentleman from Louisiana (Mr. TAUZIN) for their hard work on this issue.

Mr. TAUZIN. Mr. Speaker, I want to thank my friend from Louisiana for his comments and endorsements, and I yield 5 minutes to the gentleman from the great State of Indiana (Mr. SOUDER), which is, by the way, the fifth in incidents of West Nile virus in the country.

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, last year, northeast Indiana had one of the highest rates of West Nile virus in the country, a total of 157 probable cases. Not being swampland or having the traditional problems of the South and Southeast, we were taken by surprise. A large percentage of these cases were reported in my hometown of Fort Wayne and in Allen County around it. In fact, I believe nearly two-thirds of the cases in all of the State of Indiana were in my Congressional district. Not only did we have animal deaths, not only is our bird population drastically reduced, but we have human deaths. We had multiple human deaths caused by the West Nile virus in my district.

In fact, Mr. Speaker, one of the counties outside of Chicago as well as my home county represented the bulk of the cases in the entire Midwest and should be the focus on any future studies in the Great Lakes because they were also the two highest counties with the St. Louis virus a number of years ago. The encephalitis virus seems to have replicated itself a number of years later in the same counties.

The concern that we have in my home county, because of the human deaths, is that it is impossible to communicate to the rest of the public. As we saw a number of people in the hospitals, very ill, including a reporter and a cameraman who were covering the case and were in miserable condition for a number of weeks, fear spread throughout my district. In my son's high school, they had spray booths outside the games. The football players, the band members, the cheerleaders felt under direct attack. A long-time friend of mine, a State Representative and State Senator Dick Worman, told me his daughter, Terry Lightfoot, who is on the East Allen County School Board, in all his years in the State legislature, he never had as many irate calls to his home, as his daughter did at the school board. As they would cancel a football game, football players would call in and say they would not be able to compete. If they canceled band practice, band parents would call in. If they kept it on, parents would call in and say you are putting my children at risk. It was near chaos in our area.

As a member of the Committee on Government Reform, and chairman of its subcommittee with jurisdiction over matters relating to public health, I commend the efforts of my colleagues, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) for addressing this critical public health dilemma. We held an oversight hearing last fall to try to look at some of the lessons that we learned, and one of those lessons was that we completely missed at the Federal Government what was going to happen in the Great Lakes. They projected it would be the Southeast. So it better be included in future planning by the government to try to address what happens in the Great Lakes areas so more people do not die because the government missed the plan.

Furthermore, we learned in that hearing from a gentleman from Lee County, Florida, Fort Myers, a representative of the mosquito supply people, that we may not even have adequate supplies, as a particular spray that is used is not commonly used in other areas now and they are worried about having the supply for mosquito eradication we need to look at.

We also need to make sure that we do adequate spraying. Counties like Lee County and others, where they are aggressive, managed to control this in the human populations. There was hesitancy in my hometown by some who tried to block the spraying initially. If we do not do this spraying, we put people at risk. In addition to the animals and the birds and others, we need to make sure that there is adequate research, we need to make sure there is adequate supplies on the market, and we need to make sure there is adequate political will among political officials to take the actions. Because if they do, lives, in fact, are saved, and we have heard from counties around the country where this is true.

H.R. 342 is a step in the right direction towards equipping our communities with the tools necessary to prevent and control mosquito-borne diseases. Federal agencies and regulations should empower rather than hinder the ability of States and municipalities to identify and eradicate mosquitoes and the diseases they carry and spread.

Aside from the funds to help our communities to establish or maintain an existing mosquito control program, which, by the way, we desperately need help from the Federal Government because this just overwhelmed our local budget in trying to deal with all the spraying in so many different points and school budgets as well. We need to make sure there are research dollars to further our knowledge of mosquito-borne viruses and their behavior. This is of vital interest to every parent, every person threatened.

We learned in Fort Wayne, Indiana, that everybody was vulnerable, from the youngest to the oldest. Some of the deaths and some of those most ill were 25 to 45, which the health department said was not likely, that it would be the young and elderly. We had deaths and severely illness in the midlife, well people, like I mentioned the reporter and the photographer from one of the major TV stations, in fact the number one rated.

So the consequences of not having an effective mosquito control program can lead to serious public health concerns.

During the scope of the hearing that I mentioned earlier, we included such issues as funding levels for research of the virus as well as other issues.

Once again, Mr. Speaker, I thank the chairman for his leadership and that of the gentleman from Louisiana (Mr. JOHN) as well for his leadership.

Mr. TAUZIN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume to thank the chairman once again, and I also would be remiss if I did not thank my senior legislative staff person who worked very hard on this bill, Vera LeBrun.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I applaud Congressman CHRIS JOHN for this outstanding legislation!

I rise in support of H.R. 342, the Mosquito Abatement for Safety and Health Act. West Nile Virus has been marching across the nation over the past three years, and threatens to take tens of thousands of lives over the next decade. We must focus the efforts of the Centers for Disease Control and Prevention on this problem, before it gets out of hand.

West Nile Virus was relatively unknown in the United States until 1999 when if began to crop up in the New York and a few select states in the Northeast. Since then, it has progressed West and South, until in 2002, all but 4 states in the Continental U.S. were affected by the insidious parasite. In 2002, over 4000 people were infected with the West Nile Virus. Of those infected, 274 died, including one woman from my District.

West Nile Virus is transmitted through mosquito bites. Although the majority of people infected do eventually recover, there is no known cure for West Nile Virus infection. Luckily, we do know how to largely contain the epidemic through control of the mosquitoes that carry virus. I have been reasonably pleased with the efforts in my District, from the Texas Department of Health, the Harris County Health Department, as well as the City of Houston, in combating West Nile Virus. With relatively meager funding, they have kept infection rates low through programs of spraying insecticides and larvicides, education programs and public service announcements, and surveillance of infection trends.

However, even one preventable death is too many. Furthermore, it seems that infections are still on the rise, so a re-doubling of our efforts is now appropriate. We need to put the creativity, technology, and resources available to us to work on stopping West Nile Virus in its tracks.

For example, last year I realized that although all of the public service announcements and CDC websites were advocating the use of DEET-containing mosquito repellents for prevention of infection, almost 60 percent of DEET-containing products did not have the word DEET on the label. Instead they were labeled in tiny print with the chemical name N,N dietlhyl-m-toluamide. Considering that seniors are the most vulnerable to infection, and that seniors can often be visually impaired, this was inappropriate. Such lack of clarity and consistency in a public health product labeling can cost lives. I reached out to industry representatives and to the EPA. The EPA quickly moved to alter their labeling requirements, and I am pleased to say that by this West Nile season, every can that has DEET in it, will have the word DEET on it.

But there is much more work to be done. The woman whose life was taken in my district, did not take the proper precautions to protect herself. That indicates to me that we need more education. We need to go door to door if necessary, helping seniors clear out old tires and debris from their yards, that might collect stagnant water where mosquitoes lay their eggs. We should give out DEET, and advice of times to stay inside or what clothes to wear, to minimize the risks of infection. We should give local health departments the resources they need to assess and address risks as needed.

The MASH Act will help in all of those endeavors. It will make it possible for Director of the Centers for Disease Control and Prevention, to make grants to States for coordinating mosquito control programs to prevent and control mosquito-borne diseases; and for assisting States in making grants to political localities to help them develop control programs. The Act will require commitment from the States as well, in the form of matching funds. But, the Secretary of the Department of Health and Human Services can waive that matching requirement for areas in dire financial straits.

But the bill is not just about sending more money. It will also encourage the CDC to use their expertise to help States develop strategies for protecting all of their citizens from West Nile Virus, and carry out research into ways to improve those strategies in the future.

This bill represents good preventive medicine. I support H.R. 342, and urge my colleagues to do the same.

Mr. LEVIN. Mr. Speaker, I rise in strong support of H.R. 342, the ''Mosquito Abatement for Safety and Health Act,'' and urge the House to join me in voting for it.

There is a real and growing public health threat posed by the West Nile virus in my state of Michigan, as well as many other states throughout the country. Last year, Oakland County, Michigan, had 187 cases of West Nile Virus and 20 deaths. Macomb County reported 103 cases and six deaths. Many communities in my district have acted locally, but clearly the problem must be attacked broadly, across community lines.

All levels of government must be involved in responding to this clear and present health risk. Congress must do more to support State and local public health efforts to combat the spread of West Nile. The bill before the House today represents the least we should do to combat this mosquito-borne disease. It establishes two temporary grant programs to help state and local governments assess mosquito problems, and coordinate and operate mosquito control programs. The bill authorizes $100 million in FY 2003, and such sums as necessary through FY 2007. It is critical that Congress follow up this legislation with the appropriations needed to fund these vital programs.

I urge all my colleagues to support this important legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I rise in support of H.R. 342, the Mosquito Abatement for Safety and Health Act. This is a particularly important issue in my state of Illinois and for my district, both of which have been disproportionately impacted by West Nile Virus—more so than almost any other part of the country.

The latest survey shows that Illinois is suffering the highest numbers of human cases of West Nile in the country, 877 cases and 62 deaths. Over 630 cases of these cases were in Suburban Cook County and the Greater Chicago area, leading to 37 deaths. Compared with nationwide data, these numbers reveal an uncommonly high outbreak ratio in the Chicago Metro region.

H.R. 342, the Mosquito Abatement for Safety and Health Act will help Illinois and other states across the nation prevent any more outbreaks from occurring. Among other things, the act will provide grants to states to help them coordinate mosquito control programs to prevent and control mosquito-borne diseases. The bill also directs the Secretary of Health and Human Services to provide training and technical assistance to states and localities for the planning, development, and operation of assessments and plans regarding control programs. We cannot afford to lose more lives to West Nile Virus. I urge my colleagues to support H.R. 342.

Mr. GREEN of Texas. Mr. Speaker, I rise today in support of H.R. 342, the Mosquito Abatement for Safety and Health Act, introduced by my colleague from the Energy and Commerce Committee, and my good friend, CHRIS JOHN.

This legislation would provide grants to communities for the operation of mosquito control programs to prevent and control mosquito-borne diseases.

Last summer, Americans watched in fear as the West Nile virus spread rapidly across our country.

Before 1999, there was no record of a West Nile virus case in North America, but in the last few years, West Nile has become a serious public health concern.

According to the CDC, from 1999 through 2001, there were 149 cases of West Nile virus in the United States reported, including 18 deaths.

That number skyrocketed last year, with West Nile affecting almost 4,000 individuals, and killing 259.

In my home state of Texas, more than 190 people were infected, and 11 lost their lives.

I have no doubt that those numbers will continue to climb.

We must take steps to control mosquito populations now, before the summer months come and it is too late.

That is why I am a proud cosponsor of the MASH Act.

This legislation provides vital assistance to our communities to give them the tools they need to control mosquito populations and protect the public health.

It also recognizes the severity of mosquito-borne disease in certain communities and ensures that those hardest-hit areas receive a priority in receiving assistance.

I know this will be helpful to my hometown of Houston, which had 77 confirmed cases of West Nile in the past year, and recently discovered as many as 40 mosquito pools that are positive for West Nile virus.

Like I said, we must act now, before the weather warms up and the mosquitoes start to swarm. I strongly support passage and enactment of the MASH Act, and urge my colleagues to do the same.

Thank you, Mr. Speaker, and I yield back the balance of my time.

Mr. DAVIS of Illinois. Mr. Speaker, I rise today in support of H.R. 342, the Mosquito

Abatement for Safety and Health Act. With snow on the ground and recent temperatures in the single digits, it is nice to look forward to the summer months but easy to forget the uneasiness that was felt during last summer due to the fear instilled by the West Nile virus.

Illinois was greatly impacted by the West Nile virus. Not only was there fear within parents to let their children go outside to play or to take a walk in the neighborhood in the morning or after dusk, there were the startling numbers of those stricken with the virus. Illinois saw 873 cases of the virus in humans along with 60 deaths, the highest in the Nation according to the CDC.

The Associated Press recently released that the harsh winters that most of the nation has felt does not preclude that the mosquitoes, particularly the ones infected with the virus, have ceased in numbers. The mosquitoes will continue to live and reproduce in sewers and other dark, warmer places were the harsh climates have not affected them. Due to this, the AP is suggesting that this year we will see the West Nile virus spread from coast to coast. Last year, our nation witnessed more than 4,000 individuals become ill and a total of 274 die from the West Nile virus. With the expected spread of the virus and increase number of mosquitoes, we can also then expect these numbers to grow.

Mr. Speaker, to ensure the nation has a sense of safety and security as they go outside in the next few months, I ask for full support of this resolution.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise today to support H.R. 342, the Mosquito Abatement for Safety and Health Act introduced by Congressman CHRISTOPHER JOHN. As an issue that deeply effects my constituents in South Florida, I fully support this worthy legislation.

H.R. 342 establishes an important County eligible grant through the Centers for Disease Control (CDC) in order to assist elimination of harmful mosquito populations. The grant would allow for $2 of federal grant money for each $1 contributed by the participating county.

Miami-Dade County is currently experiencing severe problems with growing mosquito populations due to the warm environment and many instances of standing water. In the Fiscal Year 2003 Consolidated Appropriations Resolution, I led the charge to acquire $1,000,000 for the County to purchase a helicopter for mosquito control spraying. I believe that the funding, which would be provided under H.R. 342, will compliment the efforts of counties around the country to stop the spread of such deadly diseases as the West Nile virus.

Mr. Speaker, we can and must do more to protect our constituents from this environmental threat. H.R. 342 addresses this problem and establishes effective programs to help local governments best respond.

Mr. DINGELL. Mr. Speaker. I would like to thank my distinguished colleagues. Representative CHRIS JOHN and Representative TAUZIN for introducing H.R. 342, the ''Mosquito Abatement for Safety and Health Act,'' and for working so diligently on behalf of the people and states who have been ravaged by the West Nile virus.

This legislation hits very close to home for me. My home state of Michigan has been hit hard by this deadly epidemic. To date, we have had 554 confirmed cases of West Nile and 50 deaths. Currently, a staggering 4,071 people in the United States have been found to be infected with the West Nile virus. Unfortunately, we have also had 274 deaths as a result of West Nile infection.

H.R. 342 seeks to complement the work that the Centers for Disease Control and Prevention (CDC) is already doing to fight mosquito-borne diseases. This legislation will provide an additional incentive for States and localities to plan and better coordinate mosquito control programs. Unfortunately, many localities have not had the resources or capabilities to conduct assessments and prepare plans to comprehensively develop effective mosquito control programs. The additional federal dollars authorized in H.R. 342 will work to assist states and localities with their immediate needs to combat the West Nile virus.

In addition to working with the CDC, the ''Mosquito Abatement for Safety and Health Act'' requires the Director of the National Institute of Environmental Health Sciences to conduct and support research into methods to control the population of insects and vermin that transmit dangerous diseases to humans.

The West Nile virus has emerged in recent years as a serious threat to public, equine, and animal health. H.R. 342 seeks to combat this unexpected epidemic by providing additional dollars for research, prevention, and educational programs. I urge all of my colleagues to join me in supporting this valuable piece of legislation.

Mr. VITTER. Mr. Speaker, I rise today I strong support of H.R. 342, the Mosquito Abatement for Safety and Health Act. This legislation is an important step towards a comprehensive plan for reducing the threat of West Nile virus.

Just yesterday news stations were reporting that not only was West Nile virus likely to spread to all 48 contiguous states—making it a truly national problem—but also that other mosquito-borne illnesses are potentially likely to follow. This sort of public health threat should not go unchecked. Many localities are smaller or rural, or are dealing with this serious public health threat for the first time. This legislation can help them all.

I am pleased that the Appropriations Committee agreed to increase West Nile research funding at the CDC almost 30 percent, and that NIH research into vaccines and treatment for West Nile also nearly doubled. I thank both Chairman REGULA and the Members who supported increasing these funds for their successful efforts. However, I know that these measures are just a start to truly ending this health problem.

I commend my Louisiana colleagues for their work on this bill, commit my future support to this endeavor, and strongly urge all of my colleagues to vote for this important legislation.

Mr. JOHN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 342.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. TAUZIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ORGAN DONATION IMPROVEMENT ACT OF 2003

Mr. TAUZIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 399) to amend the Public Health Service Act to promote organ donation.

The Clerk read as follows:

H.R. 399

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Organ Donation Improvement Act of 2003''.

SEC. 2. SENSE OF CONGRESS.

(a) PUBLIC AWARENESS OF NEED FOR ORGAN DONATION.—It is the sense of the Congress that the Federal Government should carry out programs to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

(b) FAMILY DISCUSSIONS OF ORGAN DONATIONS.—The Congress recognizes the importance of families pledging to each other to share their lives as organ and tissue donors and acknowledges the importance of discussing organ and tissue donation as a family.

(c) LIVING DONATIONS OF ORGANS.—The Congress—

(1) recognizes the generous contribution made by each living individual who has donated an organ to save a life; and

(2) acknowledges the advances in medical technology that have enabled organ transplantation with organs donated by living individuals to become a viable treatment option for an increasing number of patients.

SEC. 3. PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION.

Section 377 of the Public Health Service Act (42 U.S.C. 274f) is amended to read as follows:

''PAYMENT OF TRAVEL AND SUBSISTENCE EXPENSES INCURRED TOWARD LIVING ORGAN DONATION

''SEC. 377. (a) IN GENERAL.—The Secretary may make awards of grants or contracts to States, transplant centers, qualified organ procurement organizations under section 371, or other public or private entities for the purpose of—

''(1) providing for the payment of travel and subsistence expenses incurred by individuals toward making living donations of their organs (in this section referred as 'donating individuals'); and

''(2) in addition, providing for the payment of such incidental nonmedical expenses that are so incurred as the Secretary determines by regulation to be appropriate.

''(b) ELIGIBILITY.—

''(1) IN GENERAL.—Payments under subsection (a) may be made for the qualifying expenses of a donating individual only if—

''(A) the State in which the donating individual resides is a different State than the State in which the intended recipient of the organ resides; and

''(B) the annual income of the intended recipient of the organ does not exceed $35,000

(as adjusted for fiscal year 2004 and subsequent fiscal years to offset the effects of inflation occurring after the beginning of fiscal year 2003).

''(2) CERTAIN CIRCUMSTANCES.—Subject to paragraph (1), the Secretary may in carrying out subsection (a) provide as follows:

''(A) The Secretary may consider the term 'donating individuals' as including individuals who in good faith incur qualifying expenses toward the intended donation of an organ but with respect to whom, for such reasons as the Secretary determines to be appropriate, no donation of the organ occurs.

''(B) The Secretary may consider the term 'qualifying expenses' as including the expenses of having one or more family members of donating individuals accompany the donating individuals for purposes of subsection (a) (subject to making payment for only such types of expenses as are paid for donating individuals).

''(c) LIMITATION ON AMOUNT OF PAYMENT.—

''(1) IN GENERAL.—With respect to the geographic area to which a donating individual travels for purposes of subsection (a), if such area is other than the covered vicinity for the intended recipient of the organ, the amount of qualifying expenses for which payments under such subsection are made may not exceed the amount of such expenses for which payment would have been made if such area had been the covered vicinity for the intended recipient, taking into account the costs of travel and regional differences in the costs of living.

''(2) COVERED VICINITY.—For purposes of this section, the term 'covered vicinity', with respect to an intended recipient of an organ from a donating individual, means the vicinity of the nearest transplant center to the residence of the intended recipient that regularly performs transplants of that type of organ.

''(d) RELATIONSHIP TO PAYMENTS UNDER OTHER PROGRAMS.—An award may be made under subsection (a) only if the applicant involved agrees that the award will not be expended to pay the qualifying expenses of a donating individual to the extent that payment has been made, or can reasonably be expected to be made, with respect to such expenses—

''(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

''(2) by an entity that provides health services on a prepaid basis.

''(e) DEFINITIONS.—For purposes of this section:

''(1) The term 'covered vicinity' has the meaning given such term in subsection (c)(2).

''(2) The term 'donating individuals' has the meaning indicated for such term in subsection (a)(1), subject to subsection (b)(2)(A).

''(3) The term 'qualifying expenses' means the expenses authorized for purposes of subsection (a), subject to subsection (b)(2)(B).

''(f) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,000,000 for each of the fiscal years 2004 through 2008.''.

SEC. 4. PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS.

Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377 the following section:

''PUBLIC AWARENESS; STUDIES AND DEMONSTRATIONS

''SEC. 377A. (a) PUBLIC AWARENESS.—The Secretary shall (directly or through grants or contracts) carry out a program to educate the public with respect to organ donation, including the need to provide for an adequate rate of such donations.

''(b) STUDIES AND DEMONSTRATIONS.—The Secretary may make grants to public and nonprofit private entities for the purpose of carrying out studies and demonstration projects with respect to providing for an adequate rate of organ donation.

''(c) GRANTS TO STATES.—The Secretary may make grants to States for the purpose of assisting States in carrying out organ donor awareness, public education and outreach activities and programs designed to increase the number of organ donors within the State, including living donors. To be eligible, each State shall—

''(1) submit an application to the Department in the form prescribed;

''(2) establish yearly benchmarks for improvement in organ donation rates in the State;

''(3) develop, enhance, or expand a State donor registry, which shall be available to hospitals, organ procurement organizations, tissue banks, eye banks, and other States upon a search request; and

''(4) report to the Secretary on an annual basis a description and assessment of the State's use of these grant funds, accompanied by an assessment of initiatives for potential replication in other States.

Funds may be used by the State or in partnership with other public agencies or private sector institutions for education and awareness efforts, information dissemination, activities pertaining to the State donor registry, and other innovative donation specific initiatives, including living donation.

''(d) ANNUAL REPORT TO CONGRESS.—The Secretary shall annually submit to the Congress a report on the activities carried out under this section, including provisions describing the extent to which the activities have affected the rate of organ donation.

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated $15,000,000 for fiscal year 2004, and such sums as may be necessary for each of the fiscal years 2005 through 2008. Such authorization of appropriations is in addition to any other authorizations of appropriations that are available for such purpose.

''(2) STUDIES AND DEMONSTRATIONS.—Of the amounts appropriated under paragraph (1) for a fiscal year, the Secretary may not obligate more than $2,000,000 for carrying out subsection (b).''.

SEC. 5. EFFECTIVE DATE.

The amendments made by this Act take effect on the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on H.R. 399, the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Louisiana?

There was no objection.

Mr. TAUZIN. Mr. Speaker, I yield such time as he may consume to the gentleman from the great State of Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health, that produced this important legislation.

Mr. BILIRAKIS. Mr. Speaker, I appreciate the gentleman's yielding me this time, and I rise in strong support of H.R. 399, the Organ Donation Improvement Act of 2003. This bipartisan bill was unanimously approved by the Committee on Energy and Commerce in February, and I urge all of my colleagues to join me in supporting this timely legislation.

Mr. Speaker, we are all aware of the great need for donated organs and tissue. According to the United Network for Organ Sharing, there are 80,791 people currently waiting for a transplant. Sadly, only 18,693 individuals had received a transplant as of September 2002, and more than 4,500 Americans died, died while on the waiting list.

Fortunately, Mr. Speaker, there is hope. Living donors represent a growing segment of the total organ donation pool. In fact, living donors represented over half of all donors in the first 9 months of 2002. That is why H.R. 399 authorizes the Secretary of Health and Human Services to award grants for the purpose of covering travel and subsistence expenses incurred by living organ donors. While the decision to become a living organ donor is an intensely personal one, I feel that it is our responsibility to remove any financial barriers that might prevent someone from making the gift of life.

H.R. 399 also provides the Secretary with $10 million in new grant authority to assist State governments and public and nonprofit private entities in developing innovative initiatives designed to increase organ donation rates, including living donation. I am hopeful we will learn some valuable lessons from these demonstration projects that we will be able to apply on a national scale.

H.R. 399 is widely supported, Mr. Speaker, by the transplant community. Organizations supporting my bill include the American Society of Transplant Surgeons, the American Society of Transplantation, the United Network for Organ Sharing, the Association of Organ Procurement Organizations, the National Kidney Foundation, the American Liver Foundation, the North American Transplant Coordinators Organization, the Patient Access to Transplantation Coalition, and the Eye Bank Association of America.

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Mr. Speaker, while I would never suggest that this bill encompasses every meritorious idea to increase organ and tissue donation, it is a very good bill and takes a positive step forward in our effort to ensure that every American has access to a donated organ or tissue when they need it.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 399, the Organ Donation Improvement Act of 2003. I thank the gentleman from Florida (Mr. BILIRAKIS), along with the gentleman from Louisiana (Mr. TAUZIN), the gentleman

from Michigan (Mr. DINGELL), and also the gentleman from Ohio (Mr. BROWN), the chairman of the Subcommittee on Health, for introducing the legislation and working to encourage a more efficient and widespread organ donation program and activities.

These numbers are staggering. Currently there are 78,000 men, women, and children waiting as we speak today for a kidney, heart, liver, lung or pancreas. Fewer than one-third of the 78,000, however, will receive a transplant this year. An average of 15 people die every day, one every 96 minutes, waiting for an organ that could have saved their life.

Sadly, while most Americans indicate that they support organ donation, only 50 percent of the families that are asked to donate an organ do so. This is an important piece of legislation that will work towards reducing the shortage of transplantable organs, tissues, eyes. Grants will be used to assist States in carrying out organ donation awareness, public education, outreach activities, and programs designed to increase the number of organ donors within a State. This is a very important, very good piece of legislation; and I enthusiastically support H.R. 399.

Mr. Speaker, I reserve the balance of my time.

Mr. SHIMKUS. Mr. Speaker, I ask unanimous consent that I may be permitted to control the time of the gentleman from Louisiana (Mr. TAUZIN).

The SPEAKER pro tempore (Mr. LAHOOD). Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. SHIMKUS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Illinois and many other States have the ability to sign the back of their driver's license to give the gift of life, which is organ donation. That is in addition to the legislation that we have here on the floor today. I am pleased that the House is considering H.R. 399, the Organ Donation Improvement Act. This legislation builds on existing Department of Health and Human Services programs and encourages more Americans to give the gift of life.

Medical advances and the generosity of organ and tissue donors enable more than 22,000 Americans per year to receive organ transplants that save or enhance their lives. Despite their self-sacrifice and charity of these donors, this is only a small proportion of the more than 76,000 Americans who are now on the waiting list hoping to prolong their life by finding a matching donor.

Tragically, the number of patients waiting for organ transplants rose more than five times as fast as the number of transplant operations in the 1990s, according to an annual report by the United Network for Organ Sharing. As a result, about 5,500 people die in the United States each year, or 15 patients each day, while waiting for a donated heart, liver, kidney or other organ. It is estimated that every 16 minutes a new name is added to this growing waiting list.

As the demand for transplantation increases, the shortfall in organ donors for those with end-stage organ disease or organ failure will become even more pronounced. In order to narrow the gap between the supply and the increasing demand for donated organs, there must be an effort to encourage willing donors and create an environment conducive to organ donation.

H.R. 399 accomplishes this objective by permitting the Secretary of the Department of Health and Human Services to make grants to States, transplant centers, qualified organ procurement organizations, or other public or private entities for the purpose of providing for the payment of travel and subsistence expenses incurred by individuals who are making living donations of their organs.

In addition, the bill requests the Secretary to carry out studies and demonstration projects for the purpose of educating the public with respect to organ donation. These grants will assist the States in carrying out organ donor awareness, public education, and outreach activities, programs designed to increase the number of organ donors within a State, including live donors.

Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) for his dedication in moving forward with this legislation. There is no greater gift than the gift of life. I also thank the gentleman from Louisiana (Chairman TAUZIN) and my colleagues on the other side of the aisle who are very supportive of this legislation, and we were able to bring this up expeditiously.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHN. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentleman from Louisiana (Mr. JOHN) for yielding me this time. I commend the gentleman and all of the members of the subcommittee, and all of those who have brought this matter to the floor.

Mr. Speaker, I rise today in support of H.R. 399 and the need to continue awareness and education programs for organ donation. I was very pleased recently to be part of the 6th Annual National Donor Day at the Chicago Automobile Show on February 14 with the Illinois Secretary of State, the Honorable Jesse White, and Connie Payton, the widow of football legend Walter Payton. This is the single largest 1-day blood, organ and tissue donation drive in America.

However, we know that the drive and awareness brought to this great need should occur and is needed to occur more than just 1 day during the year. I am proud to represent five of the six world-class hospitals in Chicago that are part of the National Marrow Donor Program's network of transplant centers, including Northwestern Memorial Hospital, Rush-Presbyterian, Children's Memorial, the University of Illinois at Chicago, and Loyola Medical Center. These hospitals play a major role in not only making the public aware of the great need of donation but carrying out safe organ transplant procedures.

This need is particularly present in the African American population where African Americans make up less than 10 percent of the 4.8 million donors on the registry. On any given day, more than 80,000 Americans are waiting for an organ transplant. That number continues to rise by a new name every 14 minutes. Each day, 63 people receive an organ transplant, but 16 people will die because an organ is not donated. Fifty percent of those waiting for an organ transplant are minorities. Almost a full third of those waiting for an organ transplant in the United States are African Americans; 35 percent of those waiting for a kidney transplant are African American.

Some diseases of the kidney, heart, lung, pancreas, and liver are found more frequently in racial and ethnic minority populations than in the general population. For example, African Americans, Asians, Pacific Islanders, and Hispanics are three times more likely to suffer from kidney failure than whites. Native Americans are four times more likely than whites to suffer from diabetes.

Some of these diseases are best treated through transplantation, and others can only be treated through transplantation.

This legislation will allow States to receive grants to assist in organ donor awareness, public education and outreach activities, and programs designed to increase the number of organ donors within States, including living donors. It will assist in getting the word out that if one person does the simple task of signing a donor's card, 50 people will be able to receive an organ donation and begin a new, healthy chapter in their life.

Mr. Speaker, again, I am pleased to support this legislation, commend all of those who had a hand in bringing it to the floor, and urge its passage.

Mrs. WILSON of New Mexico. Mr. Speaker, Kyle is a normal second grader in New Mexico. But, when he was just nine days old, he and his family traveled to Loma Linda California for a much needed heart transplant. Every year, they make that same pilgrimage to Loma Linda for evaluations. It is 747 miles from Albuquerque to Loma Linda.

The current regional transplant model with a national, government-run program results in fewer organs available to New Mexicans. While organs are shared over wide geographical areas, donated organs are sent out of state. I think this system has caused fewer New Mexicans to donate organs, and it has certainly impeded the decision of families to pursue a transplant.

I applaud provisions of this bill which seek to educate the public on organ donation. It is by reaching folks one by one that awareness is raised. In New Mexico much of the public has misconceptions about this important issue. Since we have lost our transplant programs, many individuals decide that the travel distance, time, separation from family, and logistics are just too hampering. It is just too complicated and too much of a burden. We have some of the highest rates of Diabetes, Kidney disease, and Hepatitis B and C of any state, and yet our rates of transplants are among the lowest. We need hearts, we need livers, we need pancreases, and we need the ones we procure to stay close to home.

I also reiterate support for the sense of Congress contained in his bill that refers to family discussions of donation. Encouraging such dialogues to take place will help make decisions early. There are 32 states in which being designated an organ donor on a driver's license carries no legal weight at all. It is by communicating an individual's desires with family members that counts. Oftentimes, it is a point of crisis in which a family must make a decision whether or not to donate a loved ones' organs. If this is talked about beforehand, the desires of each family member can be made known. It is families that are affected by organ donation, and families that should make the decisions.

Mr. STARK. Mr. Speaker, I rise in support of the Organ Donation Improvement Act of 2003, H.R. 399. The commendable purpose of this bill is to increase public awareness of the need for organ donation and institute procedures to increase the frequency of this brave and noble act.

There is a serious shortage of available organs for donation. There are currently over 80,000 people waiting for an organ transplant and a new name is added to the waiting list every 13 minutes. As a result of the low rate of organ donation in this country, more than 6,000 people died in 2001 for lack of an available suitable organ. The passage of this bill and the implementation of its provisions will help to markedly reduce the number of such deaths in the future.

I commend Representative MICHAEL BILIRAKIS for introducing this bill and taking interest in this vital area. I encourage my colleagues to support this life saving legislation.

Mr. UPTON. Mr. Speaker, I rise in support of H.R. 399, the Organ Donation Improvement Act of 2003, of which I am a cosponsor. Let me just mention one number, that for me, says it all about why we need incentives to increase organ donations across the nation. In Michigan, over an 11-month period ending on December 1 of last year, 2,420 individuals were waiting for organs, and 164 people had died while waiting. These are our constituents, our families, our friends. I know the Transplant Society of Michigan, our state's organ procurement organization, is working hard to increase donations. But they could use a helping hand, as could OPOs across the nation. The Organ Donation Improvement Act we are marking up today is a very good start.

As of September 2002, the organ transplant waiting list had more than 80,000 men, women, and children waiting for a new kidney, heart, liver, lung, pancreas, or intestine. Unfortunately, an average of 17 people die every day, one every 85 minutes, waiting for an organ that could have saved their lives. H.R. 399 takes aim at increasing anatomical giving to help meet the critical need for vital human organs and give hope for life for those that have no other options for treatment or cure.

The key to donation is public education and awareness. This legislation gives the Secretary of Health and Human Services the ability to award grants to States for the purpose of assisting States in carrying out organ donor awareness, public education and outreach activities designed to increase the number of organ donors. While there is a desperate need for vital human organs, the American public should know that there is also a continuing need for donated human eyes and tissue. Donation is the term used to describe the humanitarian act of giving to help another. Anatomical gifts include vital, life-saving human organs, sight restoring eyes, and repair and reconstruction human tissue such as bone, cartilage, tendons, skin, and heart valves.

At national, state, and local levels, a partnership exists between the organ, eye and tissue bank communities. While all three communities are considered separate, given differences in medical criteria, training needs and distribution pathways, they are united in their message to encourage the act of donation. Organ donation saves lives, eye donation restores sight, and tissue donation provides skin grafts for critically injured burn patients and benefits thousands of patients in need of bone, cartilage, tendons, and heart valves. Without a donor, transplant surgeons cannot save and improve the health of even one individual.

Every individual can sign-up to be a donor, regardless of health or medical condition. It is imperative, however, that individuals openly discuss their decision to donate with family and friends so that they may help honor their loved one's wishes and are knowledgeable about their options. Just one individual can save and improve as many as 50 lives. Representatives of hospitals, organ banks, eye banks, and tissue banks work hand in hand to see that loved ones' wishes are respected and that gifts are properly handled for the benefit of others. I commend these organizations for working tirelessly toward this end and for their efforts to educate the public on the benefits of donation.

In closing, I fully encourage all Americans to consider the altruistic act of donation and to make others aware of your decision.

Ms. BORDALLO. Mr. Speaker, today, I join my colleagues in support of H.R. 399 to amend the Public Health Service Act to promote organ donation. I want to thank Congressman BILIRAKIS for his commitment to this cause.

The advances in technology have increased the chances of survival for many suffering from life-threatening illnesses. But technology alone is not enough. In many cases, survival depends on some form of transplant. Sadly, the need far exceeds the number of donors. H.R. 399 is a big step in addressing this serious demand.

Educating the public about the need for donors and the ways one can become a donor is crucial. Many believe that donation only comes at the end of a life. But each year thousands get a new change at life through the generosity and courage of living donors. For the families facing the loss of a loved one, donation is a legacy of life and an example of the best of humanity in the face of tragedy.

In promoting awareness of the need for donors, H.R. 399 offers hope to thousands waiting for another chance at life. I strongly support H.R. 399 and urge its passage.

Mr. JOHN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SHIMKUS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 399.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. SHIMKUS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PATIENT SAFETY AND QUALITY IMPROVEMENT ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 663) to amend title IX of the Public Health Service Act to provide for the improvement of patient safety and to reduce the incidence of events that adversely affect patient safety, and for other purposes, as amended.

The Clerk read as follows:

H.R. 663

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Patient Safety and Quality Improvement Act''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—The Congress finds as follows:

(1) In 1999, the Institute of Medicine released a report entitled ''To Err Is Human'' that described medical errors as the 8th leading cause of death in the United States, with as many as 98,000 people dying as a result of medical errors each year.

(2) To address these deaths and injuries due to medical errors, the health care system must identify and learn from such errors so that systems of care can be improved.

(3) Myriad public and private patient safety initiatives have begun. The Quality Interagency Coordination Task Force has recommended steps to improve patient safety that may be taken by each Federal agency involved in health care and activities relating to these steps are ongoing.

(4) The Department of Health and Human Services has initiated several patient safety projects. The Joint Commission on Accreditation of Healthcare Organizations issued a patient safety standard that went into effect on July 1, 2001, and the peer review organizations are conducting ongoing studies of clinical performance measurement of care delivered to beneficiaries under the medicare program under title XVIII of the Social Security Act.

(5) Several steps can be taken now to improve patient safety. For example, according to the Centers for Disease Control and Prevention, hand washing is the single most important means of preventing the spread of infection. Repeated studies indicate that lack of or improper hand washing still contributes significantly to disease transmission in health care settings. Working with experts from the private sector, the Centers for Disease Control and Prevention has drafted ''Guidelines for Hand Hygiene in Healthcare Settings'' setting forth recommendations to promote improved hand hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in health care settings.

(6) According to the Centers for Disease Control and Prevention, nosocomial infections affect approximately 2 million patients annually in acute care facilities in the United States at an estimated direct patient care cost of approximately $3.5 billion each year.

(7) The Congress encourages the continuation and acceleration of private sector efforts to take immediate steps to improve patient safety and recognizes the need for action in the public sector to complement these efforts.

(8) The research on patient safety unequivocally calls for a learning environment, where providers will feel safe to report health care errors, in order to improve patient safety.

(9) Voluntary data gathering systems are more supportive than mandatory systems in creating the learning environment referred to in paragraph (8) as stated in the Institute of Medicine's report.

(10) Promising patient safety reporting systems have been established throughout the United States, and the best ways to structure and use these systems are currently being determined, largely through projects funded by the Agency for Healthcare Research and Quality.

(11) Many organizations currently collecting patient safety information have expressed a need for protections that will allow them to review protected information so that they may collaborate in the development and implementation of patient safety improvement strategies. Currently, the State peer review protections provide inadequate conditions to allow the sharing of information to promote patient safety.

(12) In 2001, the Institute of Medicine released a report entitled ''Crossing the Quality Chasm'' that found that the United States health care system does not consistently deliver high-quality care to patients.

(b) PURPOSES.—The purposes of this Act are—

(1) to encourage a culture of safety and quality in the United States health care system by providing for a health care errors reporting system that both protects information and improves patient safety and quality of health care; and

(2) to ensure accountability by raising standards and expectations for continuous quality improvements in patient safety through the actions of the Secretary of Health and Human Services.

TITLE I—PATIENT SAFETY AND QUALITY IMPROVEMENT

SEC. 101. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

(a) IN GENERAL.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended—

(1) in section 912(c), by inserting '', in accordance with part C,'' after ''The Director shall'';

(2) by redesignating part C as part D;

(3) by redesignating sections 921 through 928, as sections 931 through 938, respectively;

(4) in section 938(1) (as so redesignated), by striking ''921'' and inserting ''931''; and

(5) by inserting after part B the following:

''PART C—PATIENT SAFETY IMPROVEMENT

''SEC. 921. DEFINITIONS.

''In this part:

''(1) IDENTIFIABLE INFORMATION.—The term 'identifiable information' means information that is presented in a form and manner that allows the identification of any provider, patient, or reporter of patient safety work product. With respect to patients, such information includes any individually identifiable health information as that term is defined in the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033).

''(2) NONIDENTIFIABLE INFORMATION.—The term 'nonidentifiable information' means information that is presented in a form and manner that prevents the identification of any provider, patient, or reporter of patient safety work product. With respect to patients, such information must be de-identified consistent with the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033).

''(3) PATIENT SAFETY EVALUATION SYSTEM.—The term 'patient safety evaluation system' means a process that involves the collection, management, or analysis of information for submission to or by a patient safety organization.

''(4) PATIENT SAFETY ORGANIZATION.—The term 'patient safety organization' means a private or public organization or component thereof that is certified, through a process to be determined by the Secretary under section 925, to perform each of the following activities:

''(A) The conduct, as the organization or component's primary activity, of efforts to improve patient safety and the quality of health care delivery.

''(B) The collection and analysis of patient safety work product that is submitted by providers.

''(C) The development and dissemination of evidence-based information to providers with respect to improving patient safety, such as recommendations, protocols, or information regarding best practices.

''(D) The utilization of patient safety work product to carry out activities limited to those described under this paragraph and for the purposes of encouraging a culture of safety and of providing direct feedback and assistance to providers to effectively minimize patient risk.

''(E) The maintenance of confidentiality with respect to identifiable information.

''(F) The provision of appropriate security measures with respect to patient safety work product.

''(G) The submission of nonidentifiable information to the Agency consistent with standards established by the Secretary under section 923(b) for any National Patient Safety Database.

''(5) PATIENT SAFETY WORK PRODUCT.—

''(A) The term 'patient safety work product' means any document or communication (including any information, report, record, memorandum, analysis, deliberative work, statement, or root cause analysis) that—

''(i) except as provided in subparagraph (B), is developed by a provider for the purpose of reporting to a patient safety organization, and is reported to a patient safety organization;

''(ii) is created by a patient safety organization; or

''(iii) would reveal the deliberations or analytic process of a patient safety evaluation system (as defined in paragraph (3)).

''(B)(i) Patient safety work product described in subparagraph (A)(i)—

''(I) does not include any separate information described in clause (ii); and

''(II) shall not be construed to include such separate information merely by reason of inclusion of a copy of the document or communication involved in a submission to, or the fact of submission of such a copy to, a patient safety organization.

''(ii) Separate information described in this clause is a document or communication (including a patient's medical record or any other patient or hospital record) that is developed or maintained, or exists, separately from any patient safety evaluation system.

''(C) Information available from sources other than a patient safety work product under this section may be discovered or admitted in a civil or administrative proceeding, if discoverable or admissible under applicable law.

''(6) PROVIDER.—The term 'provider' means—

''(A) an individual or entity licensed or otherwise authorized under State law to provide health care services, including—

''(i) a hospital, nursing facility, comprehensive outpatient rehabilitation facility, home health agency, and hospice program;

''(ii) a physician, physician assistant, nurse practitioner, clinical nurse specialist, certified nurse midwife, nurse anesthetist, psychologist, certified social worker, registered dietitian or nutrition professional, physical or occupational therapist, or other individual health care practitioner;

''(iii) a pharmacist; and

''(iv) a renal dialysis facility, ambulatory surgical center, pharmacy, physician or health care practitioner's office, long-term care facility, behavioral health residential treatment facility, clinical laboratory, or community health center; or

''(B) any other person or entity specified in regulations by the Secretary after public notice and comment.

"SEC. 922. PRIVILEGE FOR PATIENT SAFETY WORK PRODUCT.

''(a) PRIVILEGE.—Notwithstanding any other provision of law and subject to subsection (c), patient safety work product shall not be—

''(1) subject to a civil or administrative subpoena or order;

''(2) subject to discovery in connection with a civil or administrative proceeding;

''(3) subject to disclosure pursuant to section 552 of title 5, United States Code (commonly known as the Freedom of Information Act), or any other similar Federal or State law;

''(4) required to be admitted as evidence or otherwise disclosed in any State or Federal civil or administrative proceeding; or

''(5) if the patient safety work product is identifiable information and is received by a national accreditation organization in its capacity as a patient safety organization—

''(A) used by a national accreditation organization in an accreditation action against the provider that reported the information;

''(B) shared by such organization with its survey team; or

''(C) required as a condition of accreditation by a national accreditation association.

''(b) REPORTER PROTECTION.—

''(1) IN GENERAL.—A provider may not use against an individual in an adverse employment action described in paragraph (2) the fact that the individual in good faith reported information—

''(A) to the provider with the intention of having the information reported to a patient safety organization; or

''(B) directly to a patient safety organization.

''(2) ADVERSE EMPLOYMENT ACTION.—For purposes of this subsection, an 'adverse employment action' includes—

''(A) the failure to promote an individual or provide any other employment-related benefit for which the individual would otherwise be eligible;

''(B) an adverse evaluation or decision made in relation to accreditation, certification, credentialing, or licensing of the individual; and

''(C) a personnel action that is adverse to the individual concerned.

''(3) REMEDIES.—Any provider that violates this subsection shall be subject to a civil monetary penalty of not more than $20,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected.

''(c) DISCLOSURES.—Nothing in this section prohibits any of the following disclosures:

''(1) Voluntary disclosure of nonidentifiable information.

''(2) Voluntary disclosure of identifiable information by a provider or patient safety organization, if such disclosure—

''(A) is authorized by the provider for the purposes of improving quality and safety;

''(B) is to an entity or person subject to the requirements of section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), or any regulation promulgated under such section; and

''(C) is not in conflict with such section or any regulation promulgated under such section.

''(3) Disclosure as required by law by a provider to the Food and Drug Administration, or on a voluntary basis by a provider to a federally established patient safety program, with respect to an Administration-regulated product or activity for which that entity has responsibility, for the purposes of activities related to the quality, safety, or effectiveness of such Administration-regulated product or activity.

''(4) Disclosures of patient safety work product in accordance with this part by a provider to a patient safety organization.

''(d) EFFECT OF TRANSFER, DISCLOSURE.—The following shall not be treated as a waiver of any privilege or protection established under this part:

''(1) The transfer of any patient safety work product between a provider and a patient safety organization.

''(2) Disclosure of patient safety work product as described in subsection (c).

''(3) The unauthorized disclosure of patient safety work product.

''(e) PENALTY.—

''(1) PROHIBITION.—Except as provided in this part, and subject to paragraphs (2) and (4), it shall be unlawful for any person to disclose patient safety work product in violation of this section, if such disclosure constitutes a negligent or knowing breach of confidentiality.

''(2) RELATION TO HIPAA.—The penalty under paragraph (3) for a disclosure in violation of paragraph (1) does not apply if the person would be subject to a penalty under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033), or any regulation promulgated under such section, for the same disclosure.

''(3) AMOUNT.—Any person who violates paragraph (1) shall be subject to a civil monetary penalty of not more than $10,000 for each such violation involved. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A of the Social Security Act are imposed and collected.

''(4) SUBSEQUENT DISCLOSURE.—Paragraph (1) applies only to the first person that breaches confidentiality with respect to particular patient safety work product.

''(f) RELATION TO HIPAA.—

''(1) IN GENERAL.—For purposes of applying the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033)—

''(A) patient safety organizations shall be treated as business associates; and

''(B) activities of such organizations described in section 921(4) in relation to a provider are deemed to be health care operations (as defined in such regulations) of the provider.

''(2) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to alter or affect the implementation of such regulations or such section 264(c).

''(g) NO LIMITATION OF OTHER PRIVILEGES.—Nothing in this section shall be construed to affect privileges, including peer review and confidentiality protections, that are otherwise available under Federal or State laws.

''(h) NO LIMITATION ON CONTRACTS.—Nothing in this section shall be construed to limit the power of a provider and a patient safety organization, or a patient safety organization and the Agency or any National Patient Safety Database, consistent with the provisions of this Act and other applicable law, to enter into a contract requiring greater confidentiality or delegating authority to make an authorized disclosure.

''(i) RELATION TO STATE REPORTING REQUIREMENTS.—Nothing in this part shall be construed as preempting or otherwise affecting any State law requiring a provider to report information, including information described in section 921(5)(B), that is not patient safety work product.

''(j) CONTINUATION OF PRIVILEGE.—Patient safety work product of an organization that is certified as a patient safety organization shall continue to be privileged and confidential, in accordance with this section, if the organization's certification is terminated or revoked or if the organization otherwise ceases to qualify as a patient safety organization.

''(k) REPORTS ON STRATEGIES TO IMPROVE PATIENT SAFETY.—

''(1) DRAFT REPORT.—Not later than the date that is 18 months after any National Patient Safety Database is operational, the Secretary, in consultation with the Director, shall prepare a draft report on effective strategies for reducing medical errors and increasing patient safety. The draft report shall include any measure determined appropriate by the Secretary to encourage the appropriate use of such strategies, including use in any federally funded programs. The Secretary shall make the draft report available for public comment and submit the draft report to the Institute of Medicine for review.

''(2) FINAL REPORT.—Not later than 1 year after the date described in paragraph (1), the Secretary shall submit a final report to the Congress that includes, in an appendix, any findings by the Institute of Medicine concerning research on the strategies discussed in the draft report and any modifications made by the Secretary based on such findings.

"SEC. 923. NATIONAL PATIENT SAFETY DATABASE.

''(a) AUTHORITY.—

''(1) IN GENERAL.—In conducting activities under this part, the Secretary shall provide for the establishment and maintenance of a database to receive relevant nonidentifiable patient safety work product, and may designate entities to collect relevant nonidentifiable patient safety work product that is voluntarily reported by patient safety organizations upon the request of the Secretary. Any database established or designated under this paragraph may be referred to as a 'National Patient Safety Database'.

''(2) USE OF INFORMATION.—Information reported to any National Patient Safety Database shall be used to analyze national and regional statistics, including trends and patterns of health care errors. The information resulting from such analyses may be included in the annual quality reports prepared under section 913(b)(2).

''(3) ADVISORY ROLE.—The Secretary shall provide scientific support to patient safety organizations, including the dissemination of methodologies and evidence-based information related to root causes and quality improvement.

''(b) STANDARDS.—In establishing or designating a database under subsection (a)(1), the Secretary shall, in consultation with representatives of patient safety organizations, the provider community, and the health information technology industry, determine common formats for the voluntary reporting of nonidentifiable patient safety work product, including necessary elements, common and consistent definitions, and a standardized computer interface for the processing of the work product. To the extent practicable, such standards shall be consistent with the administrative simplification provisions of part C of title XI of the Social Security Act.

''(c) CERTAIN METHODOLOGIES FOR COLLECTION.—The Secretary shall ensure that the methodologies for the collection of nonidentifiable patient safety work product for any National Patient Safety Database include the methodologies developed or recommended by the Patient Safety Task Force of the Department of Health and Human Services.

''(d) FACILITATION OF INFORMATION EXCHANGE.—To the extent practicable, the Secretary may facilitate the direct link of information between providers and patient safety

organizations and between patient safety organizations and any National Patient Safety Database.

''(e) RESTRICTION ON TRANSFER.—Only nonidentifiable information may be transferred to any National Patient Safety Database.

''SEC. 924. TECHNICAL ASSISTANCE.

''(a) IN GENERAL.—The Secretary, acting through the Director, may—

''(1) provide technical assistance to patient safety organizations, and to States with reporting systems for health care errors; and

''(2) provide guidance on the type of data to be voluntarily submitted to any National Patient Safety Database.

''(b) ANNUAL MEETINGS.—Assistance provided under subsection (a) may include annual meetings for patient safety organizations to discuss methodology, communication, information collection, or privacy concerns.

''SEC. 925. CERTIFICATION OF PATIENT SAFETY ORGANIZATIONS.

''(a) IN GENERAL.—Not later than 6 months after the date of enactment of the Patient Safety and Quality Improvement Act, the Secretary shall establish a process for certifying patient safety organizations.

''(b) PROCESS.—The process established under subsection (a) shall include the following:

''(1) Certification of patient safety organizations by the Secretary or by such other national or State governmental organizations as the Secretary determines appropriate.

''(2) If the Secretary allows other governmental organizations to certify patient safety organizations under paragraph (1), the Secretary shall establish a process for approving such organizations. Any such approved organization shall conduct certifications and reviews in accordance with this section.

''(3) A review of each certification under paragraph (1) (including a review of compliance with each criterion in this section and any related implementing standards as determined by the Secretary through rulemaking) not less often than every 3 years, as determined by the Secretary.

''(4) Revocation of any such certification by the Secretary or other such governmental organization that issued the certification, upon a showing of cause.

''(c) CRITERIA.—A patient safety organization must meet the following criteria as conditions of certification:

''(1) The mission of the patient safety organization is to conduct activities that are to improve patient safety and the quality of health care delivery and is not in conflict of interest with the providers that contract with the patient safety organization.

''(2) The patient safety organization has appropriately qualified staff, including licensed or certified medical professionals.

''(3) The patient safety organization, within any 2 year period, contracts with more than 1 provider for the purpose of receiving and reviewing patient safety work product.

''(4) The patient safety organization is not a component of a health insurer or other entity that offers a group health plan or health insurance coverage.

''(5) The patient safety organization is managed, controlled, and operated independently from any provider that contracts with the patient safety organization for reporting patient safety work product.

''(6) To the extent practical and appropriate, the patient safety organization collects patient safety work product from providers in a standardized manner that permits valid comparisons of similar cases among similar providers.

''(d) ADDITIONAL CRITERIA FOR COMPONENT ORGANIZATIONS.—If a patient safety organization is a component of another organization, the patient safety organization must, in addition to meeting the criteria described in subsection (c), meet the following criteria as conditions of certification:

''(1) The patient safety organization maintains patient safety work product separately from the rest of the organization, and establishes appropriate security measures to maintain the confidentiality of the patient safety work product.

''(2) The patient safety organization does not make an unauthorized disclosure under this Act of patient safety work product to the rest of the organization in breach of confidentiality.

''(3) The mission of the patient safety organization does not create a conflict of interest with the rest of the organization.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 937 of the Public Health Service Act (as redesignated by subsection (a)) is amended by adding at the end the following:

''(e) PATIENT SAFETY AND QUALITY IMPROVEMENT.—For the purpose of carrying out part C, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2004 through 2008.''.

SEC. 102. PROMOTING THE DIFFUSION AND INTEROPERABILITY OF INFORMATION TECHNOLOGY SYSTEMS INVOLVED WITH HEALTH CARE DELIVERY.

(a) VOLUNTARY STANDARDS.—

(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall—

(A) develop or adopt voluntary national standards that promote the interoperability of information technology systems involved with health care delivery, including but not limited to computerized physician order entry;

(B) in developing or adopting such standards, take into account—

(i) the ability of such systems to capture and aggregate clinically specific data to enable evidence-based medicine and other applications that promote the electronic exchange of patient medical record information; and

(ii) the cost that meeting such standards would have on providing health care in the United States and the increased efficiencies in providing such care achieved under the standards;

(C) in developing or adopting such standards and to the extent practicable, test the efficacy, usability, and scalability of proposed interoperability standards within a variety of clinical settings, including an urban academic medical center, a rural hospital, a community health center, and a community hospital; and

(D) submit a report to the Congress containing recommendations on such standards.

(2) CONSULTATION.—In developing or adopting standards under paragraph (1)(A), the Secretary shall consider the recommendations of the National Committee on Vital Health Statistics for the standardization of message formatting, coding, and vocabulary for interoperability of information technology systems involved with health care delivery. The Secretary shall consult with representatives of the health information technology industry and the provider community who are involved with the development of interoperability standards.

(b) UPDATES.—The Secretary shall provide for the ongoing review and periodic updating of the standards developed under subsection (a).

SEC. 103. REQUIRED USE OF PRODUCT IDENTIFICATION TECHNOLOGY.

The Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) is amended—

(1) in section 502, by adding at the end the following:

''(w) If it is a drug or biological product, unless it includes a unique product identifier for the drug or biological product as required by regulations under section 510(q).''; and

(2) in section 510, by adding at the end the following:

''(q)(1) The Secretary shall issue, and may periodically revise, regulations requiring the manufacturer of any drug or biological product that is subject to regulation by the Food and Drug Administration, or the packager or labeler of a drug or biological product that is subject to regulation by the Food and Drug Administration, to include a unique product identifier on the packaging of the drug or biological product.

''(2) For purposes of this subsection, the term 'unique product identifier' means an identification that—

''(A) is affixed by the manufacturer, labeler, or packager to each drug or biological product described in paragraph (1) at each packaging level;

''(B) uniquely identifies the item and meets the standards required by this section; and

''(C) can be read by a scanning device or other technology acceptable to the Secretary.

''(3) A unique product identifier required by regulations issued or revised under paragraph (1) shall be based on—

''(A) the National Drug Code maintained by the Food and Drug Administration;

''(B) commercially accepted standards established by organizations that are accredited by the American National Standards Institute, such as the Health Industry Business Communication Council or the Uniform Code Council; or

''(C) other identification formats that the Secretary deems appropriate.

''(4) The Secretary may, at the Secretary's discretion, waive the requirements of this section, or add additional provisions that are necessary to safeguard the public health.''.

SEC. 104. GRANTS FOR ELECTRONIC PRESCRIPTION PROGRAMS.

(a) GRANTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') may make grants to qualified practitioners for the purpose of establishing electronic prescription programs.

(2) MATCHING FUNDS.—

(A) IN GENERAL.—With respect to the costs of establishing an electronic prescription program, a condition for the receipt of a grant under paragraph (1) is that the qualified practitioner involved agree to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs.

(B) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in subparagraph (A) may be in cash or in kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(b) STUDY.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall support a study to assess existing scientific evidence regarding the effectiveness and cost-effectiveness of the use of electronic prescription programs intended to improve the efficiency of prescription ordering and the safe and effective use of prescription drugs. The study shall address the following:

(A) The ability of such programs to reduce medical errors and improve the quality and safety of patient care.

(B) The impact of the use of such programs on physicians, pharmacists, and patients, including such factors as direct and indirect costs, changes in productivity, and satisfaction.

(C) The effectiveness of strategies for overcoming barriers to the use of electronic prescription programs.

(2) REPORT.—The Secretary shall ensure that, not later than 18 months after the date of the enactment of this Act, a report containing the findings of the study under paragraph (1) is submitted to the appropriate committees of the Congress.

(3) DISSEMINATION OF FINDINGS.—The Secretary shall disseminate the findings of the study under paragraph (1) to appropriate public and private entities.

(c) DEVELOPMENT OF MODEL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, may develop an Internet-based mathematical model that simulates the cost and effectiveness of electronic prescription programs for qualified practitioners. The model may be designed to allow qualified practitioners to estimate, through an interactive interface, the impact of electronic prescribing on their practices, including the reduction in drug-related health care errors.

(d) DEFINITIONS.—For purposes of this section:

(1) The term ''electronic prescription program''—

(A) means a program for the electronic submission and processing of prescriptions; and

(B) includes the hardware (including computers and other electronic devices) and software programs for the electronic submission of prescriptions to pharmacies, the processing of such submissions by pharmacies, and decision-support programs.

(2) The term ''qualified practitioner'' means a practitioner licensed by law to administer or dispense prescription drugs.

SEC. 105. GRANTS TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS FOR INFORMATION TECHNOLOGIES.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall make grants to hospitals and other health care providers (but not more than 1 grant to any 1 hospital or provider) to pay the costs of acquiring or implementing information technologies whose purposes are—

(1) to improve quality of care and patient safety; and

(2) to reduce adverse events and health care complications resulting from medication errors.

(b) SPECIAL CONSIDERATION.—In making grants under subsection (a), the Secretary shall give special consideration to applicants who seek to promote the following:

(1) Interoperability across hospital services or departments using standards developed or adopted by the Secretary under section 102.

(2) Electronic communication of patient data across the spectrum of health care delivery.

(3) Computerized physician order entry or bar coding applications.

(4) Electronic communication of patient data in hospitals that provide services to underserved or low-income populations.

(5) Improved clinical decisionmaking through acquisition and implementation of decision-support technologies.

(c) CERTAIN GRANT CONDITIONS.—A condition for the receipt of a grant under subsection (a) is that the applicant involved meet the following requirements:

(1) The applicant agrees to carry out a program to measure, analyze, and report patient safety and medical errors at the hospital or other health care provider involved, to submit to the Secretary a description of the methodology that will be used, and to have such program in effect as soon as practicable after the application for the grant is approved, without regard to whether information technologies under the grant have been implemented.

(2) The applicant has arranged for an evaluation that addresses the effectiveness and cost-effectiveness of the information technology for which the grant is provided and its impact on the quality and safety of patient care, submitted the evaluation plan to the Secretary, and received approval from the Secretary of the applicant's methodology.

(3) The applicant has or is developing a patient safety evaluation system (as that term is defined in section 921 of the Public Health Service Act (as amended by section 101)) for reporting health care errors to a patient safety organization.

(4) The applicant agrees to provide the Secretary with such information as the Secretary may require regarding the use of funds under this program or its impact.

(5) The applicant provides assurances satisfactory to the Secretary that any information technology planned, acquired, or implemented with grant funds under this section will be part of an information program that—

(A) carries out the purposes described in subsection (a); and

(B) is comprehensive or will be expanded to become comprehensive, regardless of whether Federal assistance is available for such expansion.

(d) TECHNICAL ASSISTANCE TO GRANTEES.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall provide technical assistance to applicants and grantees to ensure the appropriate evaluation of the information technologies for which grants are awarded under this section, such as—

(1) reviewing and providing technical assistance on the applicant's proposed evaluation;

(2) developing mechanisms to ensure ongoing communications between grantees and evaluators to facilitate the identification and resolution of problems as they arise, ensure mutual learning, and promote the rapid dissemination of information;

(3) reviewing the interim and final reports required under subsection (e); and

(4) disseminating evidence-based information in interim and final reports to patient safety organizations, as appropriate.

(e) EVALUATION REPORTS BY GRANTEE.—A condition for the receipt of a grant under subsection (a) is that the applicant agree to submit an interim and a final report to the Secretary in accordance with this subsection.

(1) INTERIM REPORT.—Not later than 1 year after the implementation of information technologies under the grant is completed, the applicant will submit an interim report to the Secretary describing the initial effectiveness of such technologies in carrying out the purposes described in subsection (a).

(2) FINAL REPORT.—Not later than 3 years after the implementation of information technologies under the grant is completed, the applicant will submit a final report to the Secretary describing the effectiveness and cost-effectiveness of such technologies and addressing other issues determined to be important in carrying out the purposes described in subsection (a).

(3) RELATION TO DISBURSEMENT OF GRANT.—In disbursing a grant under subsection (a), the Secretary shall withhold ⅓ of the grant until the grantee submits to the Secretary the report required in paragraph (1).

(f) REPORTS BY SECRETARY.—

(1) INTERIM REPORTS.—

(A) IN GENERAL.—Through the fiscal year preceding the fiscal year in which the final report under paragraph (2) is prepared, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate periodic reports on the grant program under subsection (a). Such reports shall be submitted not less frequently than once each fiscal year, beginning with fiscal year 2004.

(B) CONTENTS.—A report under subparagraph (A) shall include information on—

(i) the number of grants made;

(ii) the nature of the projects for which funding is provided under the grant program;

(iii) the geographic distribution of grant recipients; and

(iv) such other matters as the Secretary determines appropriate.

(2) FINAL REPORT.—Not later than 180 days after the date on which the last of the reports is due under subsection (e)(2), the Secretary shall submit a final report to the committees referred to in paragraph (1)(A) on the grant program under subsection (a), together with such recommendations for legislation and administrative action as the Secretary determines appropriate.

(g) DEFINITIONS.—For purposes of this section:

(1) The term ''costs'', with respect to information technologies referred to in subsection (a), includes total expenditures incurred for—

(A) purchasing, leasing, and installing computer software and hardware, including hand-held computer technologies;

(B) making improvements to existing computer software and hardware; and

(C) purchasing or leasing communications capabilities necessary for clinical data access, storage, and exchange.

(2) The term ''health care provider'' has the same meaning given to the term ''provider'' in section 921 of the Public Health Services Act (as amended by this Act).

(h) TERMINATION OF GRANT AUTHORITIES.—The authority of the Secretary to make grants under subsection (a) terminates upon the expiration of fiscal year 2011.

(i) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs of a grant to be carried out under this section, such grant may be made only if the applicant agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 50 percent of such costs ($1 for each $1 of Federal funds provided in the grant).

(2) DETERMINATION OF AMOUNTS CONTRIBUTED.—Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

SEC. 106. AUTHORIZATION OF APPROPRIATIONS FOR GRANTS UNDER SECTIONS 104 AND 105.

For the purpose of carrying out sections 104 and 105, there are authorized to be appropriated $25,000,000 for each of fiscal years 2004 and 2005.

TITLE II—MEDICAL INFORMATION TECHNOLOGY ADVISORY BOARD.

SEC. 201. MEDICAL INFORMATION TECHNOLOGY ADVISORY BOARD.

Title XI of the Social Security Act is amended by adding at the end the following new section:

''MEDICAL INFORMATION TECHNOLOGY ADVISORY BOARD

''SEC. 1180. (a) ESTABLISHMENT.—

''(1) IN GENERAL.—Not later than 3 months after the date of the enactment of this section, the Secretary shall appoint an advisory board to be known as the 'Medical Information Technology Advisory Board' (in this section referred to as the 'MITAB').

''(2) CHAIRMAN.—The Secretary shall designate one member as chairman. The chairman shall be an individual affiliated with an organization having expertise creating American National Standards Institute (ANSI) accepted standards in health care information technology and a member of the National Committee for Vital and Health Statistics.

''(b) COMPOSITION.—

''(1) IN GENERAL.—The MITAB shall consist of not more than 17 members that include—

''(A) experts from the fields of medical information, information technology, medical continuous quality improvement, medical records security and privacy, individual and institutional health care clinical providers, health researchers, and health care purchasers;

''(B) one or more staff experts from each of the following: the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality, and the Institute of Medicine of the National Academy of Sciences;

''(C) representatives of private organizations with expertise in medical infomatics;

''(D) a representative of a teaching hospital; and

''(E) one or more representatives of the health care information technology industry.

''(2) TERMS OF APPOINTMENT.—The term of any appointment under paragraph (1) to the MITAB shall be for the life of the MITAB.

''(3) MEETINGS.—The MITAB shall meet at the call of its chairman or a majority of its members.

''(4) VACANCIES.—A vacancy on the MITAB shall be filled in the same manner in which the original appointment was made not later than 30 days after the MITAB is given notice of the vacancy and shall not affect the power of the remaining members to execute the duties of the MITAB.

''(5) COMPENSATION.—Members of the MITAB shall receive no additional pay, allowances, or benefits by reason of their service on the MITAB.

''(6) EXPENSES.—Each member of the MITAB shall receive travel expenses and per diem in lieu of subsistence in accordance with sections 5702 and 5703 of title 5, United States Code.

''(c) DUTIES.—

''(1) IN GENERAL.—The MITAB shall on an ongoing basis advise, and make recommendations to, the Secretary regarding medical information technology, including the following:

''(A) The best current practices in medical information technology.

''(B) Methods for the adoption (not later than 2 years after the date of the enactment of this section) of a uniform health care information system interface between and among old and new computer systems.

''(C) Recommendations for health care vocabulary, messaging, and other technology standards (including a common lexicon for computer technology) necessary to achieve the interoperability of health care information systems for the purposes described in subparagraph (E).

''(D) Methods of implementing—

''(i) health care information technology interoperability standardization; and

''(ii) records security.

''(E) Methods to promote information exchange among health care providers so that long-term compatibility among information systems is maximized, in order to do one or more of the following:

''(i) To maximize positive outcomes in clinical care—

''(I) by providing decision support for diagnosis and care; and

''(II) by assisting in the emergency treatment of a patient presenting at a facility where there is no medical record for the patient.

''(ii) To contribute to (and be consistent with) the development of the patient assessment instrument provided for under section 545 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, and to assist in minimizing the need for new and different records as patients move from provider to provider.

''(iii) To reduce or eliminate the need for redundant records, paperwork, and the repetitive taking of patient histories and administering of tests.

''(iv) To minimize medical errors, such as administration of contraindicated drugs.

''(v) To provide a compatible information technology architecture that facilitates future quality and cost-saving needs and that avoids the financing and development of information technology systems that are not readily compatible.

''(2) REPORTS.—

''(A) INITIAL REPORT.—No later than 18 months after the date of the enactment of this section, the MITAB shall submit to Congress and the Secretary an initial report concerning the matters described in paragraph (1). The report shall include—

''(i) the practices described in paragraph (1)(A), including the status of health care information technology standards being developed by private sector and public-private groups;

''(ii) recommendations for accelerating the development of common health care terminology standards;

''(iii) recommendations for completing development of health care information system messaging standards; and

''(iv) progress toward meeting the deadline described in paragraph (1)(B) for adoption of methods described in such paragraph.

''(B) SUBSEQUENT REPORTS.—During each of the 2 years after the year in which the report is submitted under subparagraph (A), the MITAB shall submit to Congress and the Secretary an annual report relating to additional recommendations, best practices, results of information technology improvements, analyses of private sector efforts to implement the interoperability standards established in section 102 of the Patient Safety and Quality Improvement Act, and such other matters as may help ensure the most rapid dissemination of best practices in health care information technology.

''(d) STAFF AND SUPPORT SERVICES.—

''(1) EXECUTIVE DIRECTOR.—

''(A) APPOINTMENT.—The Chairman shall appoint an executive director of the MITAB.

''(B) COMPENSATION.—The executive director shall be paid the rate of basic pay for level V of the Executive Schedule.

''(2) STAFF.—With the approval of the MITAB, the executive director may appoint such personnel as the executive director considers appropriate.

''(3) APPLICABILITY OF CIVIL SERVICE LAWS.—The staff of the MITAB shall be appointed without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, and shall be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title (relating to classification and General Schedule pay rates).

''(4) EXPERTS AND CONSULTANTS.—With the approval of the MITAB, the executive director may procure temporary and intermittent services under section 3109(b) of title 5, United States Code.

''(e) POWERS.—

''(1) HEARINGS AND OTHER ACTIVITIES.—For the purpose of carrying out its duties, the MITAB may hold such hearings and undertake such other activities as the MITAB determines to be necessary to carry out its duties.

''(2) DETAIL OF FEDERAL EMPLOYEES.—Upon the request of the MITAB, the head of any Federal agency is authorized to detail, without reimbursement, any of the personnel of such agency to the MITAB to assist the MITAB in carrying out its duties. Any such detail shall not interrupt or otherwise affect the civil service status or privileges of the Federal employee.

''(3) TECHNICAL ASSISTANCE.—Upon the request of the MITAB, the head of a Federal agency shall provide such technical assistance to the MITAB as the MITAB determines to be necessary to carry out its duties.

''(4) OBTAINING INFORMATION.—The MITAB may secure directly from any Federal agency information necessary to enable it to carry out its duties, if the information may be disclosed under section 552 of title 5, United States Code. Upon request of the Chairman of the MITAB, the head of such agency shall furnish such information to the MITAB.

''(f) TERMINATION.—The MITAB shall terminate 30 days after the date of submission of its final report under subsection (c)(2)(B).

''(g) APPLICABILITY OF FACA.—The provisions of the Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the MITAB.

''(h) FUNDING.—There are authorized to be appropriated such sums as are necessary for each fiscal year to carry out this section.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Louisiana (Mr. JOHN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to insert extraneous material on H.R. 663, the legislation under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I first commend the leadership of the gentleman from Louisiana (Mr. TAUZIN), chairman of the Committee on Energy and Commerce, and the gentleman from Ohio (Mr. BROWN) and the gentleman from Michigan (Mr. DINGELL), minority leaders on that committee, and the gentleman from California (Mr. THOMAS), chairman of the Committee on Ways and Means, and the gentlewoman from Connecticut (Mrs. JOHNSON), the subcommittee chairman of the Committee on Ways and Means, in helping us bring forward this important bipartisan legislation.

Mr. Speaker, I rise in strong support of the bill. This is a critically important bill which we refer to as the Patient Safety and Quality Improvement Act, and I look forward to its favorable consideration by the House today.

I know most Members are well acquainted with the disturbing frequency and devastating impact of medical errors. Unfortunately, recent events have once again attached a human face to the horrible reality that, sometimes, even the best health care professionals make mistakes.

The work of the Institute of Medicine in this area helped increase the public's focus on this problem, as well as potential solutions. One of the many recommendations that the IOM made in its 1999 report, which they called ''To Err Is Human,'' was that Congress should enact laws to protect the confidentiality of information collected as part of a voluntary medical error reporting system. That IOM recommendation represents the foundation of the Patient Safety and Quality Improvement Act.

Specifically, H.R. 663 defines a new voluntary medical error reporting system whereby the Secretary of Health and Human Services will certify a number of private and public organizations to act as patient safety organizations, PSOs. These patient safety organizations will analyze data on medical errors, determine their causes, and develop and disseminate evidence-based information to providers to help them implement changes that will improve patient safety. H.R. 663 provides peer review protections to the documents and communications providers will submit to patient safety organizations, which we hope will encourage the exchange of this important information.

Mr. Speaker, I believe the bill will help us move from a ''culture of blame'' to a ''culture of safety'' and ultimately increase patient safety. The Patient Safety and Quality Improvement Act is the product of excellent, bipartisan work. I urge Members to join me in supporting it today.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 663, the Patient Safety and Quality Improvement Act. This bill is a product of bipartisan negotiations between not only the Committee on Energy and Commerce but also includes key members from both sides of the aisle on the Committee on Ways and Means; and I thank Members on both sides of the aisle for their very hard work on this important piece of legislation.

□ 1315

It has been more than 3 years since the Institute of Medicine released the landmark study, ''To Err Is Human.'' The Institute of Medicine stated that our health care system is plagued with an epidemic of medical errors. However, many of these mistakes could be prevented in the health care delivery system and the way that it is delivered.

With this bill, Congress is taking an important step towards reducing medical errors. The Patient Safety and Quality Improvement Act creates a voluntary reporting system that will enable providers to learn from past mistakes. Providers could report information about medical errors to patient safety organizations who would analyze the data in confidence and recommend strategies to prevent future errors. These organizations could share knowledge with each other and with the Agency for Health Care Research and Quality so that all actors in the health care system could benefit.

Congress intends for providers to take these lessons learned and modify their operations to keep their patients safer. This bill requires the Secretary of Health and Human Services to recommend which strategies for reducing medical errors would be appropriate standards for providers in Federal health care programs. No bill can prevent all medical errors, but it is our hope that this legislation will result in real differences that patients can see.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Louisiana (Mr. TAUZIN), the chairman of the full committee, who is more responsible for this piece of legislation than any of us.

Mr. TAUZIN. Mr. Speaker, actually I rise first to commend a Member of the House who has done some extraordinary work, not even on our committee but on the Committee on Ways and Means, and that is the gentlewoman from Connecticut (Mrs. JOHNSON), who has really contributed mightily to the understanding of this issue and has helped indeed frame much of the solutions that this bill contains. I want to thank the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from California (Mr. THOMAS) of the Committee on Ways and Means for that vital process. I particularly also want to thank the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health, and the gentleman from Ohio (Mr. BROWN) and the gentleman from Michigan (Mr. DINGELL), the ranking members of the subcommittee and the full committee, indeed for the fact that this is a bipartisan effort to do something about medical errors which end up creating victims of a health care system who should never have to suffer because of those errors.

We are told in the project of 1999 that was done by the Institute of Medicine, in that report entitled ''To Err Is Human,'' that as many as 98,000 people in this country die as a result of medical errors. In fact, the news contains the story today of perhaps some errors in a young child who received an organ transplant just this week again. Those awful stories should come to an end. The first and most important way of ending medical error damage and death in our health care system is in fact to do what we are doing today, and that is to set up a system whereby health care officials and doctors and nurses, clinics and hospitals, can share information. One can learn from the other.

The impediments to sharing information today are many. The ability of a doctor to share information about something that went wrong or a hospital to share information with another hospital about something that could go right in the case of a medical error prevented, those inabilities are corrected in this act. The act creates not only the incentive for information sharing but grants an assistance for the technologies that are going to improve the transfer of information that will make less error in the health care system a reality and, therefore, again save human lives and human misery.

This act will not only improve the quality of our health care system, it will immeasurably improve the safety of the health care facilities and the safety net that surrounds someone who goes into one of those facilities expecting to be healed rather than to come out with an infection.

As the chairman of the Subcommittee on Health said, the effort here is to create a culture of safety by providing a legal protection framework for the information that is reported, that is provided, about quality improvement and patient safety. The thrust is to provide the opportunity for health care providers to submit information to a patient safety organization and have an analysis done so that we can learn from all the information coming in, what works, what does not work, what errors are occurring and why they are occurring, and then to have these same organizations have the benefit of that information in preventing those errors and in improving the safety of their procedures.

There are several provisions aimed at improving the diffusion and functioning of important information technologies that help prevent medical errors. This legislation is not the only one we will work on to help improve patient safety and quality. There are other efforts being undertaken in the States and in the local medical communities of all of our homes. We want to support those efforts as well and will continue to work in a bipartisan fashion as we have done here to help improve the outcomes in our health care system.

In short, today we begin a very aggressive campaign to root out errors within the health care delivery system and to save lives and injury that result from those errors. Tomorrow we will take up the liability questions, the questions of how liability and malpractice cases are pursued in this country. But today we focus on this set of victims as our committee continues to put patients first, as we try to focus all

our health care policy and decision-making on how we can better help patients receive good, quality, safe health care when they go to a health care facility in this country or they seek the services of a health care provider.

This is extremely important stuff we do today. I hope this House understands that while this is a bipartisan effort, while it passed committee on a voice vote, while we are all very supportive of it and very grateful for the work of not only the members of our committee but other committees who have assisted us, I want everyone to know that this is really serious stuff. If this works, we could save nearly 100,000 American citizens who die yearly from these errors. This is important stuff. I urge the House to agree with this important legislation.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise today in strong support of the Patient Safety and Quality Improvement Act, legislation which will strengthen our health care system and improve patient care. Today we are considering a bill that creates a structured process for reporting errors made during the course of medical treatment. Voluntary and confidential disclosure can help reduce injuries and death due to medical errors. What we have here is the creation of patient safety organizations that are created to conduct comprehensive analyses of what went wrong following a medical mistake. The people who provide health care are given feedback that way so that they can make changes and prevent future occurrences. Compiling this information in a central database will allow providers nationwide to benefit from lessons learned.

The simple message is that we need to learn from our mistakes. For this legislation to be effective, it is essential that practitioners feel comfortable in coming forward with information. I met with a group of doctors and providers in my district and they suggested strongly that we encourage some kind of indemnification so that they could report accurate figures. I am glad to report that this bill contains strong legal protections and provisions to ensure that information reported is treated as confidential, such as whistleblower-type protections. I think that is a very good piece in this bill. Creating a culture of safety surrounding the reporting of medical errors will encourage health care practitioners to report these mistakes.

The Institute of Medicine reported in 1999 that medical errors are the eighth leading cause of death among Americans. I believe this bill will go a long way toward preventing many of these tragic deaths and injuries. Mr. Speaker, the bill makes great sense for patients and for health care providers. I applaud the committee for putting this bill forward, and I urge my colleagues to support this legislation.

Mr. STARK. Mr. Speaker, reducing medical errors is an important goal, and this legislation takes a small step in that direction. But don't be fooled by the rhetoric.

While the legislation offers a glimmer of hope that action will be taken, it does nothing to actually prevent any future medical errors or improve patient safety.

Unfortunately, the timing of the consideration of this bill is driven by crass political motives to provide cover for the anti-patient legislation that will be considered tomorrow.

I personally think one of our goals should be to first do no harm, and I believe this bill accomplishes that. But it doesn't do much good either.

Federal agencies, states, and the private sector are making strides in this area. But there are certain things that only Congress can do. The legislation before us is not the best example of what that role should be.

This legislation reflects a tenuously and delicately crafted compromise that assures that information which is discoverable today will remain discoverable if this bill becomes law. While the bill creates a new federal privilege for the data created for this new voluntary reporting system, it does not erode a patient's right to access information that is currently available and would be available but for this new system. I am satisfied that—as currently written—it seems to accomplish that goal. But I am concerned about how it will be used and intend to keep an eye on it.

The bill establishes a voluntary system under which patient safety organizations may be created, providers may report their mistakes and the Secretary may act to improve patient safety practices.

But let's talk about what this bill does not do.

It does not reflect the Institute of Medicine's recommendations from the landmark 1999 report.

It does not ensure that providers change their practices to prevent medical errors, based on the insight that might be gained from the system created under this bill.

It does not require a rigorous evaluation of this new voluntary system, which may be ineffective.

The IOM report estimated that as many as 98,000 hospital deaths each year may be attributable to preventable medical errors, yet this legislation fails to assure any reduction in this tragic statistic. It certainly doesn't address the recent organ transplant tragedies.

There are a number of steps that can be taken today to reduce errors and improve patient safety, but too few providers have implemented these policies.

For example, only one percent of hospitals require use of computerized order-entry systems to reduce pharmaceutical prescribing, dispensing and administration errors.

Similarly, last year the American Nurses Association testified that a significant portion of hospital errors are the result of fatigued and overworked staff. Around the country, nurses are regularly forced to work more hours than are believed to be safe to provide quality care. I introduced legislation (H.R. 745) to prohibit this unsafe practice.

Without assurances that the system will use this newly protected data to improve practice, this lop-sided exercise benefits the providers at the expense of patients, and the trade-off may not be worth it.

Finally, let's not forget that the timing of this legislation is not accidental. This legislation is being brought up today in an effort to distract from the anti-patient legislation that Congress will take up tomorrow. Don't be fooled by the rhetoric.

I intend to vote for this bill because it does no harm and lays the groundwork for future action. But we have missed an opportunity to do more.

Mr. DINGELL. Mr. Speaker, I rise in support of H.R. 663, the ''Patient Safety and Quality Improvement Act.'' This bipartisan bill is the product of collaboration with my colleagues on the Committee on Energy and Commerce, particularly Chairmen TAUZIN and BILIRAKIS, and Subcommittee Ranking Member BROWN. I also note that this legislation builds on the work of my colleagues on the Committee on Ways and Means, including Representatives JOHNSON, STARK, THOMAS, and RANGEL. I thank all who have made important contributions to this bill.

The Patient Safety and Quality Improvement Act addresses a problem that many of us are familiar with. According to a December 2003 survey by the Harvard School of Public Health and the Kaiser Family Foundation, 42 percent of the public says that they or a family member have experienced a medical error.

This bill contains one piece of the puzzle that must be completed in order to reduce medical errors. It would create a voluntary reporting system for the purpose of learning from medical mistakes.

Under this voluntary reporting system, health care providers could report information on medical errors to Patient Safety Organizations. These organizations would help providers analyze what went wrong and identify what strategies could prevent future mistakes. It is our intent that providers would take this knowledge and make changes in the health care delivery system to improve care for patients.

I also hope that the Secretary of Health and Human Services would use this knowledge to set some basic guidelines that all providers would be required to follow. Patients should be able to expect that providers are adhering to certain safety standards before they seek treatment from a doctor, hospital, or other facility.

The best patient safety bill, however, cannot prevent all medical errors. Unfortunately, there will be cases where a medical mistake is made and a patient suffers injury or death as a result. If medical malpractice was involved in these cases, patients and their families should be entitled to seek compensation under a fair and accessible legal system. It would be disingenuous to suggest that the limited legislation before us today could supplant the vital role of legal remedies for medical malpractice.

Again, I thank my colleagues for their cooperation in writing this patient safety bill, and I look forward to seeing the improvements that will result when it is implemented.

Mr. ENGEL. Mr. Speaker, HR 663, the Patient Safety and Quality Improvement Act, is important legislation that holds great promise to reduce medical errors. This legislation will allow medical errors to be reported so we can learn from mistakes and hopefully prevent future errors from occurring. By allowing errors or near misses to be reported anonymously it takes away the fear many providers have in regards to reporting errors.

I am particularly pleased that the legislation creates the Medical Information Technology Assessment Board which will work in conjunction with the Department of Health and Human Services to develop national interoperability standards. I was pleased to work with the Committee to get this provision included in the bill. These national standards will allow all aspects of health care technology to become compatible. Thus, computers, hand held electronic charts and other new devices that hold a variety of medical information, including laboratory and radiology results, pharmacy orders, etc, will all be compatible. This compatibility will greatly reduce medical errors. Further, the legislation authorizes grants to test the interoperability standards. This is vitally important as it will prove the efficacy, usability, and scalability of interoperability standards, thus encouraging hospitals and other health care facilities and providers to adopt the standards and invest in medical informatics.

Mr. Speaker, I am proud to be a cosponsor of the Patient Safety and Quality Improvement Act, and I thank both the Energy and Commerce and Ways and Means Committees for working in a bipartisan fashion to produce good legislation on such an important issue.

Mr. GREEN of Texas. Mr. Speaker, I am pleased to rise in support of the Patient Safety and Quality Improvement Act. This important legislation takes a number of steps to reduce medical errors.

In November of 1999, the Institute of Medicine released its groundbreaking report, To Err is Human, which raises serious concerns about shortcomings in the area of patient safety.

According to some estimates, as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS.

The costs of preventable adverse events are staggering. The direct and indirect costs of medical errors range from $17 billion to $29 billion. By any standard, that is far too much.

The Institute of Medicine recommended a number of options to help reduce medical errors, such as the creation of a Center for Patient Safety within the Agency for Health Quality and Research.

They also suggested a new system of reporting, and better use of technological advancements.

The legislation we are considering today incorporates many of the suggestions made by IOM, and will go a long way to help health care providers improve patient safety and prevent medical errors.

This legislation creates a ''culture of safety'' by encouraging providers to report medical mistakes. By reporting these problems, physicians and other providers are able to learn from their mistakes and prevent them from happening in the future.

This legislation also permits the Secretary of the Department of Health and Human Services to provide to patient safety organizations and to States technical assistance with reporting systems for health care errors, to establish a process to certify patient safety organizations, and to develop or adopt voluntary national standards promoting the interoperability of information technology systems involved with health care delivery.

These provisions will go a long way in helping our hospitals and physicians offices a safer place. I urge my colleagues to support this legislation and hope to see it signed by the President this year.

Mr. JOHN. Mr. Speaker, I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LAHOOD). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 663, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will now resume on two of the motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 659, by the yeas and nays;

H.R. 389, by the yeas and nays.

Pursuant to House Resolution 67, the official photograph will be taken between these two votes, each of which will be conducted as a 15-minute vote.

HOSPITAL MORTGAGE INSURANCE ACT OF 2003

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 659, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. GARY G. MILLER) that the House suspend the rules and pass the bill, H.R. 659, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 419, nays 0, not voting 15, as follows:

[Roll No. 56]

YEAS—419

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts

Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sandlin
Saxton
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NOT VOTING—15

Berman
Combest
Fossella
Gephardt
Gilchrest
Hoeffel
Hyde
Inslee
Johnson (IL)
Reyes
Sanders
Schakowsky
Snyder
Velazquez
Weldon (PA)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). The Chair would remind Members that there are 2 minutes remaining on this vote.

□ 1344

So (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to House Resolution 67, this time has been designated for the taking of the official photo of the House of Representatives in session.

The House will be in a brief recess while the Chamber is being prepared for the photo. As soon as these preparations are complete, the House will immediately resume its actual session for the taking of the photograph.

About 5 minutes after that, the House will proceed with the business of the House.

For the information of the Members, when the Chair says the House will be in order, we are ready to take our picture. That will be in just a few minutes.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess while the Chamber is being prepared.

Accordingly (at 1 o'clock and 45 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1347

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at 1 o'clock and 47 minutes p.m.

(Thereupon the Members sat for the official photograph of the House of Representatives for the 108th Congress.)

AUTOMATIC DEFIBRILLATION IN ADAM'S MEMORY ACT

The SPEAKER pro tempore (Mr. LINDER). The pending business is the question of suspending the rules and passing the bill, H.R. 389.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. SHIMKUS) that the House suspend the rules and pass the bill, H.R. 389, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 415, nays 0, not voting 19, as follows:

[Roll No. 57]

YEAS—415

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emerson
Engel
English
Eshoo
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hulshof
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Neal (MA)
Nethercutt
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Ryan (OH)
Ryan (WI)
Ryun (KS)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sandlin
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Young (AK)
Young (FL)

NOT VOTING—19

Combest
Emanuel
Etheridge
Gephardt
Gilchrest
Gutierrez
Hoeffel
Hoyer
Hunter
Hyde
Johnson (CT)
Johnson (IL)
Miller, George
Napolitano
Rush
Sanders
Snyder
Weldon (PA)
Wynn

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LINDER) (during the vote). If anyone on the floor has not voted, the Chair would remind Members that there are 2 minutes remaining in the vote.

□ 1407

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. HOEFFEL. Mr. Speaker, unfortunately, I was absent for votes on Wednesday, March 12, 2003, as a result of my participation in the memorial service honoring Robert H. Haakenson. Had I been present, I would have cast my votes as follows: Rollcall vote No. 53, ''aye'', Rollcall vote No. 54, ''aye'', Rollcall vote No. 55, ''aye'', Rollcall vote No. 56, ''aye'', Rollcall vote No. 57, ''aye''.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 8 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1700

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. LAHOOD) at 5 p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will now resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 342, by the yeas and nays;

H.R. 399, by the yeas and nays; and

H.R. 663, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The remaining electronic votes will be conducted as 5-minute votes.

MOSQUITO ABATEMENT FOR SAFETY AND HEALTH ACT

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 342.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the rules and pass the bill, H.R. 342, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 416, nays 9, not voting 9, as follows:

[Roll No. 58]

YEAS—416

Abercrombie	Davis, Tom	Jackson (IL)
Ackerman	Deal (GA)	Jackson-Lee (TX)
Aderholt	DeFazio	Janklow
Alexander	DeGette	Jefferson
Allen	Delahunt	Jenkins
Andrews	DeLauro	John
Baca	DeLay	Johnson (CT)
Bachus	DeMint	Johnson, E. B.
Baird	Deutsch	Johnson, Sam
Baker	Diaz-Balart, L.	Jones (NC)
Baldwin	Diaz-Balart, M.	Jones (OH)
Ballance	Dicks	Kanjorski
Ballenger	Dingell	Kaptur
Barrett (SC)	Doggett	Keller
Bartlett (MD)	Dooley (CA)	Kelly
Barton (TX)	Doolittle	Kennedy (MN)
Bass	Doyle	Kennedy (RI)
Beauprez	Dreier	Kildee
Becerra	Dunn	Kilpatrick
Bell	Edwards	Kind
Bereuter	Ehlers	King (IA)
Berkley	Emanuel	King (NY)
Berman	Emerson	Kingston
Berry	Engel	Kirk
Biggert	English	Kleczka
Bilirakis	Eshoo	Kline
Bishop (GA)	Etheridge	Knollenberg
Bishop (NY)	Evans	Kolbe
Bishop (UT)	Everett	Kucinich
Blackburn	Farr	LaHood
Blumenauer	Fattah	Lampson
Blunt	Feeney	Langevin
Boehlert	Ferguson	Lantos
Boehner	Filner	Larsen (WA)
Bonilla	Fletcher	Larson (CT)
Bonner	Foley	Latham
Bono	Forbes	LaTourette
Boozman	Ford	Leach
Boswell	Fossella	Lee
Boucher	Frank (MA)	Levin
Boyd	Frelinghuysen	Lewis (CA)
Bradley (NH)	Frost	Lewis (GA)
Brady (PA)	Gallegly	Lewis (KY)
Brady (TX)	Garrett (NJ)	Linder
Brown (OH)	Gerlach	Lipinski
Brown (SC)	Gibbons	LoBiondo
Brown, Corrine	Gillmor	Lofgren
Brown-Waite, Ginny	Gingrey	Lowey
Burgess	Gonzalez	Lucas (KY)
Burns	Goode	Lucas (OK)
Burr	Goodlatte	Lynch
Burton (IN)	Gordon	Majette
Buyer	Goss	Maloney
Calvert	Granger	Manzullo
Camp	Graves	Markey
Cannon	Green (TX)	Marshall
Cantor	Green (WI)	Matheson
Capito	Greenwood	Matsui
Capps	Grijalva	McCarthy (MO)
Capuano	Gutierrez	McCarthy (NY)
Cardin	Gutknecht	McCollum
Cardoza	Hall	McCotter
Carson (IN)	Harman	McCrery
Carson (OK)	Harris	McDermott
Carter	Hart	McGovern
Case	Hastings (FL)	McHugh
Castle	Hastings (WA)	McInnis
Chabot	Hayes	McIntyre
Chocola	Hayworth	McKeon
Clay	Hefley	McNulty
Clyburn	Hensarling	Meehan
Coble	Herger	Meek (FL)
Cole	Hill	Menendez
Collins	Hinchey	Mica
Conyers	Hinojosa	Michaud
Cooper	Hobson	Millender-McDonald
Costello	Hoeffel	Miller (MI)
Cox	Hoekstra	Miller (NC)
Cramer	Holden	Miller, Gary
Crane	Holt	Miller, George
Crenshaw	Honda	Mollohan
Crowley	Hooley (OR)	Moore
Cubin	Hostettler	Moran (KS)
Cummings	Houghton	Moran (VA)
Cunningham	Hoyer	Murphy
Davis (AL)	Hulshof	Murtha
Davis (CA)	Hunter	Musgrave
Davis (FL)	Inslee	Nadler
Davis (IL)	Isakson	Napolitano
Davis (TN)	Israel	Neal (MA)
Davis, Jo Ann	Issa	Nethercutt
	Istook	Ney
	Jackson (IL)	Northup
	Jackson-Lee (TX)	Norwood
	Janklow	Nunes
	Jefferson	Nussle
	Jenkins	Oberstar
	John	Obey
	Johnson (CT)	Olver
	Johnson, E. B.	Ortiz
	Johnson, Sam	Osborne
	Jones (NC)	Ose
	Jones (OH)	Otter
	Kanjorski	Owens
	Kaptur	Oxley
	Keller	Pallone
	Kelly	Pascrell
	Kennedy (MN)	Pastor
	Kennedy (RI)	Pearce
	Kildee	Pelosi
	Kilpatrick	Peterson (MN)
	Kind	Peterson (PA)
	King (IA)	Petri
	King (NY)	Pickering
	Kingston	Pitts
	Kirk	Platts
	Kleczka	Pombo
	Kline	Pomeroy
	Knollenberg	Porter
	Kolbe	Portman
	Kucinich	Price (NC)
	LaHood	Pryce (OH)
	Lampson	Putnam
	Langevin	Quinn
	Lantos	Radanovich
	Larsen (WA)	Rahall
	Larson (CT)	Ramstad
	Latham	Rangel
	LaTourette	Regula
	Leach	Rehberg
	Lee	Renzi
	Levin	Reyes
	Lewis (CA)	Reynolds
	Lewis (GA)	Rodriguez
	Lewis (KY)	Rogers (AL)
	Linder	Rogers (KY)
	Lipinski	Rogers (MI)
	LoBiondo	Rohrabacher
	Lofgren	Ros-Lehtinen
	Lowey	Ross
	Lucas (KY)	Rothman
	Lucas (OK)	Roybal-Allard
	Lynch	Ruppersberger
	Majette	Rush
	Maloney	Ryan (OH)
	Manzullo	Ryan (WI)
	Markey	Ryun (KS)
	Marshall	Sabo
	Matheson	Sanchez, Linda T.
	Matsui	Sanchez, Loretta
	McCarthy (MO)	Sanders
	McCarthy (NY)	Sandlin
	McCollum	Saxton
	McCotter	Schakowsky
	McCrery	Schiff
	McDermott	Schrock
	McGovern	Scott (GA)
	McHugh	Scott (VA)
	McInnis	Sensenbrenner
	McIntyre	Serrano
	McKeon	Sessions
	McNulty	Shadegg
	Meehan	Shaw
	Meek (FL)	Shays
	Menendez	Sherman
	Mica	Sherwood
	Michaud	Shimkus
	Millender-McDonald	Shuster
	Miller (MI)	Simmons
	Miller (NC)	Simpson
	Miller, Gary	Skelton
	Miller, George	Slaughter
	Mollohan	Smith (MI)
	Moore	Smith (NJ)
	Moran (KS)	Smith (TX)
	Moran (VA)	Smith (WA)
	Murphy	Solis
	Murtha	Souder
	Musgrave	Spratt
	Nadler	Stark
	Napolitano	Stearns
	Neal (MA)	Stenholm
	Nethercutt	Strickland
	Ney	Stupak
	Northup	Sullivan
	Norwood	Sweeney
	Nunes	Tancredo
	Nussle	Tanner
	Oberstar	Tauscher
	Obey	Tauzin
	Olver	Taylor (MS)
	Ortiz	Taylor (NC)
	Osborne	Terry
	Ose	Thomas
	Otter	Thompson (CA)
	Owens	Thompson (MS)
	Oxley	Thornberry
	Pallone	Tiahrt
	Pascrell	Tiberi
	Pastor	Tierney
	Pearce	Toomey
	Pelosi	Towns
	Peterson (MN)	Turner (OH)
	Peterson (PA)	Turner (TX)
	Petri	Udall (CO)
	Pickering	Udall (NM)
	Pitts	Upton
	Platts	Van Hollen
	Pombo	Velazquez
	Pomeroy	Visclosky
	Porter	Vitter
	Portman	Walden (OR)
	Price (NC)	Walsh
	Pryce (OH)	Wamp
	Putnam	Waters
	Quinn	Watson
	Radanovich	Watt
	Rahall	Waxman
	Ramstad	Weiner
	Rangel	Weldon (FL)
	Regula	Weldon (PA)
	Rehberg	Weller
	Renzi	Wexler
	Reyes	Whitfield
	Reynolds	Wicker
	Rodriguez	Wilson (NM)
	Rogers (AL)	Wilson (SC)
	Rogers (KY)	Wolf
	Rogers (MI)	Woolsey
	Rohrabacher	Wu
	Ros-Lehtinen	Wynn
	Ross	Young (AK)
	Rothman	Young (FL)
	Roybal-Allard	
	Ruppersberger	
	Rush	
	Ryan (OH)	
	Ryan (WI)	
	Ryun (KS)	
	Sabo	
	Sanchez, Linda T.	
	Sanchez, Loretta	
	Sanders	
	Sandlin	
	Saxton	
	Schakowsky	
	Schiff	
	Schrock	
	Scott (GA)	
	Scott (VA)	
	Sensenbrenner	
	Serrano	
	Sessions	
	Shadegg	
	Shaw	
	Shays	
	Sherman	
	Sherwood	
	Shimkus	
	Shuster	
	Simmons	
	Simpson	
	Skelton	
	Slaughter	
	Smith (MI)	
	Smith (NJ)	
	Smith (TX)	
	Smith (WA)	
	Solis	
	Souder	
	Spratt	
	Stark	
	Stearns	
	Stenholm	
	Strickland	
	Stupak	
	Sullivan	
	Sweeney	
	Tancredo	
	Tanner	
	Tauscher	
	Tauzin	
	Taylor (MS)	
	Taylor (NC)	
	Terry	
	Thomas	
	Thompson (CA)	
	Thompson (MS)	
	Thornberry	
	Tiahrt	
	Tiberi	
	Tierney	
	Toomey	
	Towns	
	Turner (OH)	
	Turner (TX)	
	Udall (CO)	
	Udall (NM)	
	Upton	
	Van Hollen	
	Velazquez	
	Visclosky	
	Vitter	
	Walden (OR)	
	Walsh	
	Wamp	
	Waters	
	Watson	
	Watt	
	Waxman	
	Weiner	
	Weldon (FL)	
	Weldon (PA)	
	Weller	
	Wexler	
	Whitfield	
	Wicker	
	Wilson (NM)	
	Wilson (SC)	
	Wolf	
	Woolsey	
	Wu	
	Wynn	
	Young (AK)	
	Young (FL)	

NAYS—9

Akin	Flake	Myrick
Culberson	Franks (AZ)	Paul
Duncan	Miller (FL)	Pence

NOT VOTING—9

Combest	Hyde	Payne
Gephardt	Johnson (IL)	Royce
Gilchrest	Meeks (NY)	Snyder

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). The Chair would remind Members that there are 2 minutes remaining on this vote.

□ 1720

Messrs. PENCE, AKIN and DUNCAN, and Mrs. MYRICK changed their vote from ''yea'' to ''nay.''

Mr. MARKEY changed his vote from ''nay'' to ''yea.''

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ORGAN DONATION IMPROVEMENT ACT OF 2003

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 399.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. TAUZIN) that the House suspend the

rules and pass the bill, H.R. 399, on which the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, the remainder of this series will be conducted as 5-minute votes. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 425, nays 3, not voting 6, as follows:

[Roll No. 59]

YEAS—425

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crenshaw
Crowley
Cubin
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (AZ)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Mica
Michaud
Millender-McDonald
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mollohan
Moore
Moran (KS)
Moran (VA)
Murphy
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Nethercutt
Ney
Northup
Norwood
Nunes
Nussle
Oberstar
Obey
Olver
Ortiz
Osborne
Ose
Otter
Owens
Oxley
Pallone
Pascrell
Pastor
Payne
Pearce
Pelosi
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pombo
Pomeroy
Porter
Portman
Price (NC)
Pryce (OH)
Putnam
Quinn
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Renzi
Reyes
Reynolds
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Ryun (KS)
Sabo
Sanchez, Linda T.
Sanchez, Loretta
Sanders
Sandlin
Saxton
Schakowsky
Schiff
Schrock
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Shadegg
Shaw
Shays
Sherman
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Spratt
Stark
Stearns
Stenholm
Strickland
Stupak
Sullivan
Sweeney
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Taylor (NC)
Terry
Thomas
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Toomey
Towns
Turner (OH)
Turner (TX)
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velazquez
Visclosky
Vitter
Walden (OR)
Walsh
Wamp
Waters
Watson
Watt
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Young (AK)
Young (FL)

NAYS—3

Culberson
Flake
Paul

NOT VOTING—6

Combest
Gephardt
Gilchrest
Hyde
Johnson (IL)
Snyder

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair would remind Members that there are 2 minutes left on this vote.

□ 1728

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to recommit was laid on the table.

PATIENT SAFETY AND QUALITY IMPROVEMENT ACT

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 663, as amended.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 663, as amended, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 6, not voting 10, as follows:

[Roll No. 60]

YEAS—418

Abercrombie
Ackerman
Aderholt
Alexander
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldwin
Ballance
Ballenger
Barrett (SC)
Bartlett (MD)
Barton (TX)
Bass
Beauprez
Becerra
Bell
Bereuter
Berkley
Berman
Berry
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehlert
Boehner
Bonilla
Bonner
Bono
Boozman
Boswell
Boucher
Boyd
Bradley (NH)
Brady (PA)
Brady (TX)
Brown (OH)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Burgess
Burns
Burr
Burton (IN)
Buyer
Calvert
Camp
Cannon
Cantor
Capito
Capps
Capuano
Cardin
Cardoza
Carson (IN)
Carson (OK)
Carter
Case
Castle
Chabot
Chocola
Clay
Clyburn
Coble
Cole
Collins
Conyers
Cooper
Costello
Cox
Cramer
Crane
Crenshaw
Crowley
Cubin
Culberson
Cummings
Cunningham
Davis (AL)
Davis (CA)
Davis (FL)
Davis (IL)
Davis (TN)
Davis, Jo Ann
Davis, Tom
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
DeLay
DeMint
Deutsch
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Dooley (CA)
Doolittle
Doyle
Dreier
Duncan
Dunn
Edwards
Ehlers
Emanuel
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Feeney
Ferguson
Filner
Foley
Forbes
Ford
Fossella
Frank (MA)
Frelinghuysen
Frost
Gallegly
Garrett (NJ)
Gerlach
Gibbons
Gillmor
Gingrey
Gonzalez
Goode
Goodlatte
Gordon
Goss
Granger
Graves
Green (TX)
Green (WI)
Greenwood
Grijalva
Gutierrez
Gutknecht
Hall
Harman
Harris
Hart
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hensarling
Herger
Hill
Hinchey
Hinojosa
Hobson
Hoeffel
Hoekstra
Holden
Holt
Honda
Hooley (OR)
Hostettler
Houghton
Hoyer
Hulshof
Hunter
Inslee
Isakson
Israel
Issa
Istook
Jackson (IL)
Jackson-Lee (TX)
Janklow
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Keller
Kelly
Kennedy (MN)
Kennedy (RI)
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Kleczka
Kline
Knollenberg
Kolbe
Kucinich
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Lynch
Majette
Maloney
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McCotter
McCrery
McDermott
McGovern
McHugh
McInnis
McIntyre
McKeon
McNulty
Meehan
Meek (FL)

Meeks (NY)	Quinn	Stark
Menendez	Radanovich	Stearns
Mica	Rahall	Stenholm
Michaud	Ramstad	Strickland
Millender-McDonald	Rangel	Stupak
Miller (FL)	Regula	Sullivan
Miller (MI)	Rehberg	Sweeney
Miller (NC)	Renzi	Tancredo
Miller, Gary	Reyes	Tanner
Miller, George	Reynolds	Tauscher
Mollohan	Rodriguez	Tauzin
Moore	Rogers (AL)	Taylor (MS)
Moran (KS)	Rogers (KY)	Taylor (NC)
Moran (VA)	Rogers (MI)	Terry
Murphy	Rohrabacher	Thomas
Murtha	Ros-Lehtinen	Thompson (CA)
Musgrave	Ross	Thompson (MS)
Myrick	Rothman	Thornberry
Nadler	Roybal-Allard	Tiahrt
Napolitano	Royce	Tiberi
Neal (MA)	Ruppersberger	Tierney
Nethercutt	Rush	Toomey
Ney	Ryan (OH)	Towns
Northup	Ryan (WI)	Turner (OH)
Norwood	Ryun (KS)	Turner (TX)
Nunes	Sabo	Udall (CO)
Nussle	Sanchez, Linda T.	Udall (NM)
Oberstar	Sanchez, Loretta	Upton
Obey	Sanders	Van Hollen
Olver	Sandlin	Velazquez
Ortiz	Saxton	Visclosky
Ose	Schakowsky	Vitter
Otter	Schiff	Walden (OR)
Owens	Schrock	Walsh
Oxley	Scott (GA)	Wamp
Pallone	Scott (VA)	Waters
Pascrell	Sensenbrenner	Watson
Pastor	Serrano	Watt
Payne	Sessions	Waxman
Pearce	Shadegg	Weiner
Pelosi	Shaw	Weldon (FL)
Peterson (MN)	Shays	Weldon (PA)
Peterson (PA)	Sherman	Weller
Petri	Sherwood	Wexler
Pickering	Shimkus	Whitfield
Pitts	Shuster	Wicker
Platts	Simmons	Wilson (NM)
Pombo	Simpson	Wilson (SC)
Pomeroy	Skelton	Wolf
Porter	Smith (NJ)	Woolsey
Portman	Smith (WA)	Wu
Price (NC)	Solis	Wynn
Pryce (OH)	Souder	Young (AK)
Putnam	Spratt	Young (FL)

NAYS—6

Akin	Franks (AZ)	Pence
Flake	Paul	Slaughter

NOT VOTING—10

Combest	Hyde	Smith (TX)
Fletcher	Johnson (IL)	Snyder
Gephardt	Osborne	
Gilchrest	Smith (MI)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. LAHOOD) (during the vote). The Chair will remind Members that there are 2 minutes left to this vote.

□ 1734

So (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

COMMUNICATION FROM CHAIRMAN OF COMMITTEE ON WAYS AND MEANS

The SPEAKER pro tempore laid before the House the following communication from the chairman of the Committee on Ways and Means:

HOUSE OF REPRESENTATIVES,
Washington, DC, January 29, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: I am forwarding to you the Committee's recommendations for certain positions for the 108th congress.

First, pursuant to Section 8002 of the Internal Revenue code of 1986, the Committee designated the following Members to serve on the Joint Committee on Taxation: Mr. Thomas, Mr. Crane, Mr. Shaw, Mr. Rangel, and Mr. Stark.

Second, pursuant to Section 161 of the Trade Act of 1974, the Committee recommended the following Members to serve as official advisors for international conference meetings and negotiating sessions on trade agreements: Mr. Thomas, Mr. Crane, Mr. Shaw, Mr. Rangel, and Mr. Levin.

Third, pursuant to House Rule X, Clause 5(2)(A)(i), the Committee designated the following members to serve on the Committee on the Budget: Mr. Nussle, Mr. Portman, Mr. Hulshof, Mr. Lewis of Georgia, and Mr. Neal.

Best regards,

BILL THOMAS,
Chairman.

APPOINTMENT OF MEMBERS AS ADVISERS ON TRADE POLICY AND NEGOTIATIONS

The SPEAKER pro tempore. Pursuant to 161(a) of the Trade Act of 1974 (19 U.S.C. 2211), and the order of the House of January 8, 2003, the Chair announces the Speaker's appointment of the following Members of the House as Congressional advisers on trade policy and negotiations during the first session of the 108th Congress:

Mr. THOMAS of California,
Mr. CRANE of Illinois,
Mr. SHAW of Florida,
Mr. RANGEL of New York,
Mr. LEVIN of Michigan.

COMMUNICATION FROM OFFICE MANAGER OF HON. FRED UPTON, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Rachel Williams, Scheduler and Office Manager of the Honorable FRED UPTON, Member of Congress:

MARCH 10, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena for documents and testimony issued by the U.S. District Court for the Middle District of Tennessee.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

RACHEL WILLIAMS,
Scheduler and Office Manager.

COMMUNICATION FROM CHIEF OF STAFF OF HON. WILLIAM JENKINS, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Brenda Otterson, Chief of Staff of the Honorable WILLIAM JENKINS, Member of Congress:

HOUSE OF REPRESENTATIVES,
Washington, DC, March 10, 2003.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena for documents and testimony issued by the U.S. District Court for the Middle District of Tennessee.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely yours,

BRENDA J. OTTERSON,
Chief of Staff.

CLEAN UP UNEXPLODED ORDNANCE

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BLUMENAUER. Mr. Speaker, it is interesting this week that there is a proposal from the administration brought forward to exempt the Department of Defense from a series of environmental regulations.

Mr. Speaker, as somebody who has been working for the last 4 years to help the Department of Defense have the resources to clean up after itself with unexploded ordnance that is found in all 50 States, the UXO problem, slowly we are making progress, but it is a problem that Congress has not been providing clear direction to the Department of Defense or resources to clean up after itself.

Mr. Speaker, it is absolutely the wrong message for us to be delivering to the Department of Defense at this point. What we ought to be doing, rather than providing short circuits for environmental protection, we ought to step up to the plate. Congress should not be missing in action when it comes to take care of the legacy of past military actions within our own borders, provide authority, provide money to help make sure that these sites are cleaned up and that our families are safe and healthy in bases and training areas around the United States.

I do hope that we are able to divert this action going down the wrong way, giving the military the wrong orders. When we give them the resources, the right orders, they do the job. We should do that when it comes to protecting our environment.

HISPANIC HEALTH CARE CRISIS

(Mr. GEORGE MILLER of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Speaker, too many Americans continue to be uninsured and too many of those Americans are Hispanic.

A recent study by the Robert Woods Johnson Foundation found that over 70 million Americans under 65 were uninsured for at least some time during the last 2 years. This is unfortunate enough, but the statistics are even more alarming when we look at the Hispanic community. In the last 2 years, over half the Hispanic population under 65 has gone without health insurance for some time. In California, half of the Hispanic population is currently uninsured.

We cannot ignore the problem as a country, and I certainly cannot ignore it as a Californian. More Hispanics live in California than any other State, and they contribute to the State's economy and culture in countless ways. But there remains a huge disparity between the Hispanic population and the rest of the population when it comes to the accessibility to health insurance and health problems. Studies consistently show that Hispanics suffer disproportionately from diabetes, obesity, HIV/AIDS and asthma.

We as policy makers need to commit ourselves to closing this gap. At a time when the economy has soured and the American families are feeling the effects, we need to bolster long-standing programs which have served Americans well. Medicaid is one of those programs. Instead of the current administration's proposals for tax cuts that will pad the pockets of the rich but will do little to shore up the programs that have served Americans admirably during times of economic downturn, the administration then turns around and tells our Nation's governors that there is no money to shore up these programs.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

AMERICA'S SHARED SACRIFICE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. GEORGE MILLER) is recognized for 5 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, Congressional Daily reports today that in a speech to the bankers, Majority Leader TOM DELAY said that ''nothing is more important in the face of a war than cutting taxes.''

Not only does that defy the history of great leaders in the Western world who understood the necessity of harboring our resources in times of uncertainty and times of war, but it also defies what the American community expects at a time of war.

□ 1745

That is the notion of a shared sacrifice. At a time when we are on the eve of sending our young men and women in harm's way, we have to think about what the contribution is of the rest of us. We understand the implications of this war in terms of costs are now said it could exceed $100 billion, but we do not know that, because the war has not been fought yet. We also understand that there is going to have to be a long-term commitment in Iraq after the war, and we do not have any idea of what that cost is going to be.

We know that, in fact, these costs, whatever they are, are not in the budget as submitted by the President of the United States, nor are they in the budget that is being formulated by the committees in the House and the Senate, but what this does suggest is that this tax cut and when we add to them the tax cuts that the President has proposed, ending with the taxation on dividends by providing huge amounts of tax free income for the wealthiest people in this country, what it suggests is when the bill comes due for this war, when the $5 trillion debt comes due because of the spending and because of the war and because of the Bush economy, that one group of Americans will not have to participate in that shared sacrifice. Those individuals, because of these tax cuts, will live in a tax free world.

So when the interest mounts on the debt year after year, when we have seen in a matter of 2 short years going from almost a $5 trillion surplus to a $2 trillion deficit, when we see the deficit reestimated into the hundreds of millions of dollars within a matter of months, apparently our colleague the gentleman from Texas (Mr. DELAY) and the President believe that somehow the wealthiest Americans in this country should not share in that sacrifice; they should not be burdened with the responsibility of helping to pay that back.

That will be left to people who earn their income through wages. They will continue to be taxed. They will continue to pay high rates of Social Security taxes, but the wealthy will not. They will escape that.

No, that is not the most important thing in the face of war. It cannot be cutting taxes. It cannot be how this country works its way through that war. It is more importantly how we make the decision to go to war. The President has offered a number of rationales for going to war. Most of them have been stripped away in the debate that is taking place in the international community, in the debate that is taking place in this country.

We have seen evidence offered and the evidence falls apart time and again. We have seen connections trying to be made between the war on terrorism and Iraq. The evidence has not been sustained, and yet as we proceed into that war the one thing that is on the gentleman from Texas' (Mr. DELAY) mind is cutting taxes. I think it defies what we know this country has done in the past when we have engaged in these conflicts and the necessity of what must be done, and I would hope that once again we would understand that the burden must be shared across American society because there are those who will be called upon to make the supreme sacrifice and that will be their lives and their futures in pursuit of this war should the President decide to go forward.

Clearly those who are at home must continue to engage in the kind of effort to pull this Nation through this period of time, and so we cannot embrace the philosophy of the gentleman from Texas (Mr. DELAY) that somehow the most important thing that we can do is to cut taxes and our most important obligation is somehow to tell the wealthiest people in America that they will not share in that sacrifice, they will not be there when the bill comes due for future generations.

AUTISM

The SPEAKER pro tempore (Mr. CHOCOLA). Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Mr. Speaker, I have with me today a box, and on this box I am not sure my colleagues can see this, but there is 50 to 100 pictures of children who are autistic, and in the box I have in back of my office I have probably close to 1,000 letters from parents who have autistic children who believe their children became autistic because they received vaccinations that contained mercury.

We all know mercury is a toxic substance, and we know that we should not have it around us, but we have, as a matter of fact, been vaccinating our children with many micrograms of mercury in each vaccination for probably the last 20 years, and as we increase the number of vaccines that the children were being inoculated with, the amount of mercury that they were being confronted with went up as well, and as a result, we have gone from one in 10,000 children who are autistic to one in 200 children that are autistic. That is a fifty-fold increase.

Soon what I am going to be doing, Mr. Speaker, is each night I am going to be coming down here and reading to the American people and my colleagues letters from these families telling of their child becoming autistic, when it happened and how it happened so that my colleagues and the American people will really know what is going on.

Many of the pharmaceutical companies do not want this to happen because they are concerned about the liability that they might incur. We have what is called the Vaccine Injury Compensation Fund, which if handled properly could deal with most of these children and their families, but unfortunately, the Vaccine Injury Compensation Fund, which was created not only to protect the pharmaceutical companies but to help these children in a

nonadversarial way by getting money to take care of their damaged bodies and minds, has not been administered properly, but we are working on that now. Until we get a resolution of that problem, we will be down here every night or every other night reading these letters.

This is a letter from a man named Scott Bono and his wife is Laura Bono, and they tell about their child and how their child became autistic after he received vaccines. Now they have done a mercury toxicity test on their son which shows that he has quite a bit of mercury in his body, and the way he got that mercury into his body was through these vaccinations. They say in this letter, ''When Jackson was first diagnosed with Pervasive Developmental Disorder at 20 months old, he had just experienced a four-month regression beginning days after his August 9, 1990 shots. He received HiB shot, with 25 micrograms of mercury, on July 25.'' And 2-weeks later he received on August 9 a DT shot with 25 micrograms of mercury in it. He had received, prior to that, 75 micrograms of mercury from other shots, and the boy became autistic shortly thereafter.

The parents were not aware of and did not get their child into what was called the Vaccine Injury Compensation Fund, which has a 3-year statute of limitations, which means that if they did not get into it within 3 years of finding out he was autistic and they believe the cause was vaccines that they could not get into the fund. We have thousands of families that were not aware of the Vaccine Injury Compensation Fund, who never applied, and those people have been left out in the cold.

Let me tell my colleagues the results of just this one family's problem.

Since he became autistic, their medical expenses have cost $578,980. Their insurance companies have paid $306,000 of that, but including food and everything else that they are providing for this boy for his special needs, it is costing them $35,000 in after tax dollars to take care of this child, and when we add all this up, it is over $600,000 in medical needs and therapy and food for this boy. Actually, they are in a very difficult financial situation because of that.

We have families that have sold their homes, have gone bankrupt, have borrowed money until they are about to go bankrupt to take care of their children's needs, and those people are confident, as I am, that their child was damaged by the mercury in these vaccines.

So, Mr. Speaker, we have got to do something about that. We have to either change the Vaccine Injury Compensation Fund to allow these people to get in there where their child and his problem is going to be reviewed by a special master, and if there is merit to their claim, this Vaccine Injury Compensation Fund should take care of that. If we do not get that, then the next thing we ought to do is allow them to be able to go to court to sue the pharmaceutical companies.

In any event, Mr. Speaker, I will be back here tomorrow night and I appreciate the Chair being liberal with his time. We have got to solve these problems for these kids. We cannot leave them out in the cold. The President said he was going to leave no child behind, and we should not leave these children behind.

GASOLINE PRICES AT THEIR HIGHEST IN HISTORY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

Mr. DEFAZIO. Mr. Speaker, last weekend when I was home in Oregon I noted that gasoline prices have reached the highest level in history, and I know that my State was not alone. We apparently have the fourth highest prices in the United States. Other States are even higher, and I assume that records were set everywhere.

That might be well and good if it was all due to free market forces and the underlying cost of doing business, but I fear it is not.

We have been through this before. During the first Persian Gulf War, Desert Storm, we saw a huge run-up in oil and diesel prices and aviation fuel which caused a tremendous amount of dislocation in the economy, but the economy was nowhere near as fragile as it is today. Then we found out a little bit later that the oil companies had taken advantage of the war, war profiteering. They had, in fact, raised their prices far in excess of the underlying costs of crude and any other additional costs they might have incurred because of the war in Iraq.

Now here we are a decade later. Again, it appears that the United States will soon be at war in Iraq, and we are seeing record prices at the pump, and again, they are talking about the underlying price of crude and the instability of demand, but the increases at the pump and the increases for the aviation industry and the increases for the truckers far, far, far exceed the increases in the underlying costs of crude, and plus, many of these oil companies are selling themselves their own crude oil or they have hedged the price or they have special deals with the OPEC cartel.

No, plain and simple, they have begun war profiteering this time before the war has started. It is time for Congress to take action.

The economy is weak. Three hundred and eight thousand people lost their job last month. A number of airlines are teetering on the edge of bankruptcy, and a number of them say that if a war happens and fuel goes up any more, costs them $180 million per penny, they will not be in Chapter 11 reorganization bankruptcy; they will be insolvent and out of business, costing tens of thousands more jobs and more harm to the economy, all so a few multinational oil companies can squeeze excess profits out of American airlines and families and truckers.

The President needs to take action. He could release fuel from the National Petroleum Reserve, the oil reserve, but he has chosen not to do that. So I have introduced a bill to give him more specific direction to give him authority once held by President Richard Nixon to stabilize the price of fuel with a fair rate of return to these oil companies and making them justify a run-up in price beyond a price that has prevailed a year ago today, and secondly, to have the President draw down the Strategic Petroleum Reserve in order to help drive down prices, mitigate supply, require the oil companies now and in the future to maintain minimum inventory levels so they cannot cry wolf and jack up the price every year when they switch from home heating oil to gasoline and all those things they love to do and then they have a refinery fire, nothing anyone could ever expect.

Ban the export of Alaska oil. We are going to hear arguments we should allow drilling in ANWR, but guess what, all the Alaska oil can and probably will be exported because this Congress, against my will, lifted the ban on the export of Alaska oil.

Finally, this administration is all for free trade. OPEC is not free trade. That cartel, those people, Saudis and others, are conspiring to drive up the price of oil, setting the price of oil in violation of all the agreements of the World Trade Organization. I am not a big fan of that organization, but this administration, who loves it and wants to expand its authority, should use the authority it has to object to that price fixing. It violates all of the tenets of GATT and the World Trade Organization.

□ 1800

So it is time for strong action here in Congress and at the White House to stop the war profiteering, the price gouging, driving more Americans out of work, bankrupting the airlines, idling trucks and the commerce of this country, all so a few multinational oil companies can run record profits for the next couple of quarters.

Choice seems pretty easy to me. We will see what my colleagues and the President think.

APPOINTING A SPECIAL ENVOY FOR HUNGER

The SPEAKER pro tempore (Mr. CHOCOLA). Under a previous order of the House, the gentleman from Virginia (Mr. WOLF) is recognized for 5 minutes.

Mr. WOLF. Mr. Speaker, last week I wrote U.N. Secretary General Kofi Annan requesting he appoint a special envoy to respond to the hunger crisis throughout the world. U.N. special envoys have been appointed to respond to

crises over the years, and what could be more compelling than millions of lives endangered?

Hunger is devastating Africa, North Korea, Argentina, and has reached into all corners of the globe. One of the worst cases is the current situation in Africa. Africa is on the brink of a crisis of biblical proportions. Thirty million people, 30 million, are at risk of malnutrition and starvation in Africa alone. This is on top, Mr. Speaker, of the HIV/AIDS crisis that is consuming resources that would otherwise be devoted to famine relief.

When I traveled to Ethiopia in January and Eritrea earlier this year, I saw firsthand the bloated bellies and the weak limbs of the children, and I was reminded of the devastation I saw when I was in Ethiopia with former Congressman Tony Hall in 1984 and 1985 during that famine. African countries in particular are suffering from donor fatigue and a lack of attention. The flood of international news has kept the reality of this situation away from people in many Western countries. When I think of some of the stupid shows that some of the networks run, like Joe Millionaire, Survivor, and these things, and how little time they are actually spending on the hunger and the starvation of people in every continent, it is very, very discouraging.

North Korea and Central Asia also teeter on the brink of crisis. In North Korea there are reports that up to 80 percent of the humanitarian relief never even reaches the North Korean people. If left unchecked, thousands and millions of North Korean lives will be in jeopardy.

Even in Argentina, once a middle class Latin American country, hunger is now widespread. Hospitals are regularly treating diseases caused by lack of protein and poor nutrition. Children in Argentina are dying of malnutrition, and in some communities relief organizations have classified 90 percent of the children as undernourished. Yes, in Argentina. This is especially tragic for a country that has more livestock than people.

This, Mr. Speaker, is a global crisis and it demands a global response. No one country can meet these needs. We in the United States should be proud, for in the year 2002 the United States Government, the American people, contributed 51 percent of all the food, compared to the EC and Europe's combined contribution of only 27 percent of the donations of the U.N. World Food Programme. Many countries have the ability to give more and may just be waiting to be asked. Time, resources and attention must be devoted to mobilizing and coordinating the resources required.

The lives of millions of women and children hang in the balance. A special representative, a special envoy under the leadership of the U.N. Secretary General Kofi Annan can mobilize the financial and material resources required, coordinate the international organization to achieve mutual relief and unity of effort, develop an integrated plan and provide operational direction and remove obstacles. This position is critical to reenergizing the global community, refocusing attention on this situation, and, most importantly, saving millions of lives.

In closing, Mr. Speaker, I would urge my colleagues on both sides of the aisle to contact the U.N. directly and encourage them to adopt a strategy to save the lives of the millions of women and children that hang in the balance. Attention by this Congress will send a loud and clear message. Otherwise, many of these 30 million or more will die.

INDIANA'S NATIONAL GUARDSMEN AND RESERVES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. HILL) is recognized for 5 minutes.

Mr. HILL. Mr. Speaker, our Reserves make up more than half of the Armed Services. Clearly, they are a key part of our national defense. As of today, more than 175,000 National Guardsmen and Reservists from all over our country have been called to active duty. Much has been demanded of our National Guardsmen and Reservists since September of 2001, and much more will surely be demanded of them as we move forward, facing new threats, new enemies, and new challenges.

These men and women are involved in military operations ranging from peacekeeping and humanitarian relief to homeland defense and active combat. Every day they work side-by-side with those on active duty around the world protecting Americans at home and abroad. It is important to remember that these men and women, in answering their call to duty, have left behind spouses, children, parents, friends and jobs. Nearly every community in every State has been affected.

One such community happens to be in my district, in Dubois County, Indiana. It is the folks of Jasper who know firsthand about the commitment of these young people to our country. Therefore, I am here on the floor today to commend the service and sacrifice of the men and women of Indiana's 1st Battalion and 152nd Infantry. These National Guardsmen, known as ''Predators,'' come from not only Jasper but from many other towns in southern Indiana.

This battalion has a rich 150-year history. They defended the Union in the Civil War, they fought alongside our European allies in both World Wars, and now these Hoosier soldiers have once again answered the call of duty in a time of need. Nearly 650 of Jasper's finest are in Kuwait, and an additional 140 are preparing to depart.

Only one other National Guard unit in the country, also from Indiana, has sent more troops to Kuwait. The Jasper soldiers are also a part of one of the Nation's 15 elite reserve units. These elite units receive specialized training to ensure that they are ready to move rapidly to a war zone when needed.

I am proud that these men and women work to both protect the State of Indiana and, when asked, to defend the national security interests of the United States.

The SPEAKER pro tempore (Mrs. MUSGRAVE). Under a previous order of the House, the gentleman from Colorado (Mr. TANCREDO) is recognized for 5 minutes.

(Mr. TANCREDO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized for 5 minutes.

(Ms. NORTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

IN SUPPORT OF MEDICAL MALPRACTICE AND INSURANCE REFORM ACT OF 2003

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) is recognized for 5 minutes.

Mrs. CHRISTENSEN. Madam Speaker, as you know, I am a family physician, and I rise tonight to speak about an issue that is critically important to the viability of the health care system in this country.

In addition to the impact of many millions of uninsured on the reduced viability of hospitals and quality health services for every one and our failure to make the proper investment in the health of people of color and in our rural areas, we have, for too long, allowed our doctors and other providers to be crushed by high and ever-increasing malpractice costs. If we continue this way, there will be no health care for anyone, insured or uninsured.

This evening, I want to focus on the malpractice crisis. On issues as complex as this, it is impossible to apply a single fix, yet that is what H.R. 5 attempts to do. Its only remedy is the instituting of a $250,000 cap on non-economic damages, such as pain and suffering, regardless of the number of parties against whom the action is brought. This cap is modeled after MICRA, California's Medical Injury Compensation Reform Act, which has clearly not worked.

In addition, underserved minorities, children, and patients with low or no

income are not well served by H.R. 5. Compensation for economic damages for minorities and women is often already much less than those awarded to white males. In a case with caps on punitive damages and the calculated economic ones, if the individual is working for minimum wage, unemployed, a homemaker or a child, awards will be small and possibly not meet the real needs of the individual or their family.

But who knows what a young person's potential might be, or even that of an adult. There are Members serving in this body who were once on welfare. If they had filed for malpractice under what is proposed in H.R. 5, their award would not have reflected the potential they have now realized. I say that to say that we cannot project what a person's earning potential might be.

Then H.R. 5 also caps HMOs. That and politics is what the provisions of that bill are really about, protecting the corporations, as has been offered time and time again in different ways for different businesses in just about every committee, all under the guise of helping the consumer or the little guy.

Medical providers do not want to bear the brunt of political battles. They need real help. Their patients need their doctors and other health care providers. That is why I support the Conyers-Dingell substitute, and I hope they are given a fair rule today so that we can put the two bills side by side. There is no way H.R. 5 can measure up to it.

The Democratic bill includes measures that have been proven to work at reducing malpractice insurance rates. If one thing is clear from States' experience, it is that caps alone do not work. The Medical Malpractice and Insurance Reform Act of 2003, the Conyers-Dingell bill, does not cap damages for corporations. It does not apply caps at all, and it only applies to physicians and other health professionals. It also has a better statute of limitations provision, which especially protects injured children.

The Democratic substitute has several provisions that would cut down frivolous claims, including sanctions for attorneys and physicians, and it provides for alternate dispute resolution that could enable patients to avoid litigation costs altogether.

In addition to creating an advisory commission on medical malpractice insurance, it brings insurance companies under antitrust laws that prevent price fixing and requires savings realized through the provisions of the bill to go toward reducing premium costs, and there are several other great provisions that time does not permit me to list this evening.

Madam Speaker, I came to the floor this evening because there are a lot of misconceptions about H.R. 5 which have caused medical organizations and many of my colleagues to support it. In my opinion, the situation for health care providers is so bad that we are grasping at any straw to save the practices we have dedicated our lives to. But our health care providers and their patients need more than the weak straw offered by H.R. 5. We need real reform, real help.

The Democratic substitute would provide that help and help get us started on the kind of reform that will bring long-term relief to providers and be fair to all parties concerned. I hope this bill will be on the floor tomorrow, and I hope that all of my colleagues on both sides of the aisle will support and pass it. And then let us move on to fix all of the other problems in our health care system and provide health insurance coverage for everyone.

THE BREAKDOWN OF CYPRUS PEACE TALKS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. BILIRAKIS) is recognized for 5 minutes.

Mr. BILIRAKIS. Madam Speaker, it is with a profound sense of disappointment that I rise today to speak about the breakdown of the United Nations-sponsored Cyprus peace talks at the Hague this week.

Responsibility for this unfortunate setback in the peace process rests largely with one man, Mr. Rauf Denktash, the Turkish Cypriot leader who rejected U.N. Secretary General Kofi Annan's plan to end the 29-year division of Cyprus. A large share of the blame also rests with the Turkish military and hard-line nationalists in Ankara, who have maintained the illegal Turkish military occupation of Cyprus since Turkish troops invaded the island in 1974. If the government of Turkey were sincere about settling the Cyprus problem, they could have put the necessary pressure on Mr. Denktash to say yes to the U.N. plan.

In sharp contrast to Mr. Denktash, the newly-elected President of the Republic of Cyprus, Tassos Papadopoulos, said yes to a public referendum on the Secretary General's plan. His response is consistent with years of efforts by the government of Cyprus to try to negotiate in good faith to reunify the country, efforts that have been consistently rebuffed by the separatist Turkish Cypriot regime.

The U.N. peace process, which is strongly supported by the United States and the international community has sought to reunite Cyprus as a single sovereign bicommunal federation. With Cyprus poised to join the European Union in May 2004, Secretary General Annan chose to get personally involved in bringing the two sides together, asking the two leaders to put the U.N. plan before their people in a referendum. President Papadopoulos said he was prepared to do so. But, unfortunately, Mr. Denktash was not prepared to agree to put the plan to a referendum. It is a shame that the Secretary General's personal diplomacy was met by this kind of flat-out rejection.

In fact, it is the Turkish-Cypriot community which has held unprecedented public demonstrations in favor of the U.N. plan who will be the major victims of Mr. Denktash's intransigence, cut off from benefits of the EU membership that the rest of the island will enjoy.

Despite this failure, Madam Speaker, I praise President Papadopoulos for stressing that the Greek-Cypriot side will continue the efforts for reaching a solution to the Cyprus question both before and after Cyprus joins the EU.

Madam Speaker, I yield to the gentleman from New Jersey (Mr. ANDREWS), who has just been fantastic on this issue.

Mr. ANDREWS. Madam Speaker, I thank my friend, the gentleman from Florida, for his enduring leadership in this very important cause. I join him in his expression of dismay that this very hopeful effort has apparently been sidetracked, and I would hope this Congress could urge Mr. Denktash and his Turkish military sponsors to reconsider this decision.

□ 1815

Madam Speaker, I believe that the principal division between the enlightened view of the Greek Cypriots and the regressive view of Mr. Denktash is their willingness to let the people decide their own fate.

In the set of principles articulated by Kofi Annan and the United Nations, there were many concessions made by the Greek Cypriots. There were many difficult decisions that the Greek Cypriot government would have to endure. That regime, because it is democratic, was willing to put that question to the people in the Greek part of Cyprus.

On the other hand, Mr. Denktash and his Turkish military sponsors were unwilling to let the voice of the Turkish Cypriot people determine their own fate. They have raised their voices on the streets and expressed overwhelming popular sentiment for a lawful and humane reunification of Cyprus. It is a tragedy that the voices of the Turkish Cypriots have been silenced by the short-term decision by Mr. Denktash and by his Turkish military sponsors.

Madam Speaker, I join the gentleman from Florida (Mr. BILIRAKIS), who has led us for so many years in this effort in urging Mr. Denktash and the Turkish Government to let the people of the Turkish part of Cyprus speak. Let them act for peace; and I believe we will, in fact, achieve peace.

Mr. BILIRAKIS. Madam Speaker, I thank the gentleman.

The SPEAKER pro tempore (Mrs. MUSGRAVE). Under a previous order of the House, the gentleman from New Jersey (Mr. HOLT) is recognized for 5 minutes.

(Mr. HOLT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. ANDREWS) is recognized for 5 minutes.

(Mr. ANDREWS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

(Ms. CARSON of Indiana addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

STUDENT LOAN DEFERMENT FOR ACTIVE RESERVISTS AND NATIONAL GUARD

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. RYAN) is recognized for 5 minutes.

Mr. RYAN of Ohio. Madam Speaker, I rise to discuss the legislation that I introduced yesterday, the Active Reservists and National Guard Student Loan Relief Act of 2003. The purpose of this act is to ease the financial burden shouldered by our many Reservists and members of our National Guard who have been called to active duty.

Right now, there are approximately 180,000 Reserves and National Guard members deployed in the United States and abroad. My legislation is a promise to the members of the National Guard and Reserves that their student loans will be taken care of while they are called to protect and fight for our country.

For members of the Reserves and the National Guard, being called to active duty often means a drastic cut in pay. This legislation will not eliminate that burden, but it will reduce the financial obligations placed on these brave men and women during their time of active service.

The legislation is quite straightforward. Specifically, it assists members of the National Guard and Reserves who have been called to active duty in two ways. It allows those members to defer their student loans while on active duty, and it subsidizes the accruing interest on those student loans which have been deferred.

The act effectively gives eligible servicemembers the same status that they had when they were students; and this will ensure that they do not return to student loans, after serving their country, that are larger than when they were called to serve. This is critically important legislation because it helps our Nation's men and women who have left their jobs, often in higher salaries, to serve in this time of crisis.

One example is a gentleman, first lieutenant from Pittsburgh, Pennsylvania, who has $50,000 in student loans. He has a master's degree in information systems, and he was called to active duty on January 2, 2003, for 1 year of service. This particular piece of legislation would save this gentleman approximately $2,600 this year in total interest. When we talk about families who have student loans, mortgages, car payments, this $2,600 will provide some peace of mind, while they are also taking a cut in pay, to hopefully allow them to focus on their duties abroad.

Congress must support our men and women who have been called to active service. This is a benefit that our troops enjoyed under the first President Bush during Operation Desert Storm, and it should be promised to our troops today and for the future. I urge Members to support this legislation, and thank the strong bipartisan support that we have already received.

MEDICAL MALPRACTICE INSURANCE CRISIS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Madam Speaker, I am here tonight to talk about the medical malpractice insurance crisis which we face in New Jersey and in many States around the country. My concern is that the legislation, H.R. 5, which the Republican leadership intends to bring to the floor of the House of Representatives tomorrow, will not solve the problem in any way and in fact is another example of politics as usual where the Republican leadership, in this case with the support of the President, are bringing up a bill that they realize has no chance of passage. It may pass here and then it will go over to the other body and fail because it was not done on a bipartisan basis; it was not done in an effort to try to bring the parties together and put together something that would actually accomplish the purpose of bringing malpractice premiums down. Rather, it is sort of a bone to special interests.

In other words, it is something that is being put out so the Republicans can say and the Republican leadership can tell the doctor groups, the hospital groups, the HMOs, the drug companies, the medical device companies that somehow they are doing something to help them when in reality they are not because it is not a bill that will ultimately pass.

I want to talk a little bit about the crisis because it is real. In my home State of New Jersey, we have major problems with increasing malpractice premiums. Some of the doctors actually went out on strike about a month ago because of their concerns; and it continues to be a problem, particularly with certain specialty doctors. But in many cases, it is an across-the-board problem in New Jersey.

What is happening now with this Republican bill, H.R. 5, is it is essentially a one-size-fits-all approach that does not look at the actual underlying issue of health care and medical malpractice. It is really designed to put a cap on jury awards at $250,000, the theory being if you do not allow large jury awards, that will bring down the cost of malpractice insurance premiums. There is no evidence that is true.

The Republican leadership often cites the State of California as an example of where that kind of cap, a $250,000 cap, was put into place; but we know when the cap was put into place in California, premiums did not go down. The only time when premiums went down in California was when there was an initiative passed by the voters that actually addressed the cause and said that premiums could not rise a certain amount. That did accomplish bringing the premiums down because they were not allowed to increase significantly. But the $250,000 cap did not accomplish that.

There are many factors that contribute to the malpractice crisis in New Jersey and elsewhere. There is the changing face of health care in our Nation, namely an increase in high-risk procedures with inherently bad outcomes. There are also the recent problems we have seen in the health care market, namely a shift to managed care, to HMOs which have increasingly created bad outcomes. In addition, bad accounting or bad business judgment on the part of insurance companies has to be taken into consideration when discussing dramatic rises in medical malpractice premiums.

Now, wherever there has been success in trying to reduce premiums for malpractice insurance, it is because there has been some kind of combination of maybe some tort reform, but also linked to trying to actually address directly the effort to reduce the premiums themselves. As I said, in California the premium increases were actually capped.

In my home State of New Jersey a few years ago in the 1970s when we had a problem with rising malpractice insurance premiums, we set up a reinsurance fund which basically said that the insurance companies had to pay a certain amount of money into a fund, and that money would be used to reduce premium costs when there was a crisis.

I actually proposed this in the Committee on Energy and Commerce in the subcommittee that has jurisdiction over this issue. Last week when we had a markup, I proposed H.R. 485, the Federal Medical Malpractice Insurance Stabilization Act, that would create a national reinsurance fund just like we had in New Jersey. The proposal mandates that the Secretary of Health and Human Services establish a program where insurance companies pay into a Federal fund. In time of crisis, these funds are made available to the companies in an effort to provide stability in the marketplace for medical malpractice coverage.

I mention this not because it is the cure-all, but when I tried to raise it in the subcommittee, the Republicans said it was not germane. They would not allow it to be considered as an amendment. Why? Because they have this one-size-fits-all philosophy. They

want to cap damage awards by the jury, and they do not want to deal with caps on premium costs that would actually bring down the cost of malpractice insurance.

I have a lot of issues that I want to talk about in the context of this malpractice reform issue, but I wanted to give an example because I think it is important when we are on the floor and we talk about legislation, we do not just talk about it in an abstract way; we give specific examples of what it means.

I want to give some specific examples in New Jersey, two examples of people who would be negatively impacted by the Republican proposal that is coming up tomorrow, in particular because of the way the language in that bill caps punitive damages, noneconomic damages, at $250,000; and also the way it designs and limits liability for punitive damages. It is a good way for me to illustrate the problems with that legislation because what would happen in this legislation is many people that have serious injuries or have even died, there would be very little recovery. The cap on the $250,000 essentially is a huge limitation on some of these people and their families that would suffer a great deal if this legislation were passed. So let me give Members two examples.

One example is Jersey City, New Jersey, a Vietnam veteran who was also a merchant marine barge captain was diagnosed with a carcinoid benign bleeding tumor in his left lung which required that the lung be removed. The diagnosing physician was part of a practice group that also included other doctors, including a surgeon who was set to perform the operation, although that surgeon had no contact with the patient prior to the surgery. The physician mistakenly removed the healthy right lung of the patient rather than the diseased left lung. They could not then also remove the patient's remaining functioning lung which contained the tumor.

Madam Speaker, after this error was discovered with this New Jerseyan, the physicians in this case allegedly altered the medical records and told the patient that after beginning surgery, they determined that they needed to remove the other lung because of a previously undiagnosed disease. However, the Vietnam veteran later learned that the pathology report on the removed lung revealed it was a completely healthy lung. Due to the extraordinary alleged coverup attempted by the defendants and their efforts in seeking to convince the patient that it was actually a good thing that they had removed the wrong lung, the plaintiff added a count to his complaint for punitive damages, not just for compensatory damages.

Today, Madam Speaker, this Jersey City Vietnam veteran requires oxygen 24 hours a day and has a host of medical problems as a result of the operation. Meanwhile, the tumor in his remaining lung will likely continue to grow. If it becomes cancerous, there is little that can be done to treat it. His lawsuit is pending.

What would H.R. 5 that the Republicans have brought up do? H.R. 5 would harm this Vietnam veteran in two ways. First, it would virtually eliminate meaningful economic compensation, limiting it to just $250,000, as we discussed. This is a small amount to compensate a man who has been an active professional and who now must have oxygen tanks with him at all times for the rest of his life.

□ 1830

Moreover, he has to live in fear that the tumor that his physicians failed to remove will become cancerous and metastasize, spreading cancer throughout his body, or will perhaps rupture, possibly drowning him in his own blood.

Secondly, if you look at H.R. 5, which we are going to consider tomorrow, the Republican bill, it sets standards for the award of punitive damages that would protect the kind of after-the-fact concealment of injury that is alleged in this case. So he cannot even sue because they tried to cover up the malpractice. Because in the bill, punitive damages would not be available unless the physician acted with malice specifically to injure the patient, which was not the case, or deliberately failed to avoid injuring the patient, which was not the case, because in this case the conduct for which punitive damages are claimed is not the malpractice or even the injury itself but the coverup of the malpractice and the harm and the doctors' deliberate deceit of their patient and as a result removing this healthy lung.

You can see how in this case, this patient basically would not be able to recover what is needed. I am going to give another example later, but I see one of my colleagues is here. I do not want to prolong this, but I do want to say one other thing about this bill which I think is so important. I had an amendment. In fact, the Committee on Rules is considering it now, although I doubt that they will allow it because I am sure the Republican majority is not going to allow these various amendments since they have the one-size-fits-all bill and that is what they want. But what the committee did and what the bill does that we are going to consider tomorrow is it not only limit damages and claims, if you will, for malpractice against a physician or a hospital, which is what the crisis is all about in New Jersey and I am sure my friend from Massachusetts would agree, the people that are concerned about malpractice are physicians and hospitals. They are the ones who have the premiums that are going up and that is where the crisis is. But this bill is not limited to doctors or even hospitals. It limits the liability or the claims, if you will, that can be recovered from HMOs, from drug manufacturers and even from medical device manufacturers.

The most egregious aspect of it is with regard to the HMOs. Because, Madam Speaker, as I think you know, we here in this House over the last few years have tried to pass a patients' bill of rights that would essentially say that if a decision was made by your HMO to deny you care, that you can appeal either through an administrative procedure or go to court and sue the HMO because they denied you the care that you were supposed to have. A number of the courts now in about 12 States, including the Federal Second Circuit Court in New York which covers a number of States, have now said that a person can sue an HMO. What this bill does tomorrow that we are going to be considering is take away your ability to sue the HMO in certain circumstances. It limits it considerably. So while we in Congress have been trying, or at least articulating the fact that we would like to expand people's ability to appeal a denial of a decision with regard to an HMO that really negatively hurt them or impacted their health, this bill would do the opposite. This would take away whatever rights people now have to sue their HMO or to recover from an HMO when they make a mistake through denial of care.

It is incredible for me to think that not only is this not going to work effectively to reduce premiums for malpractice, not only is this going to limit the ability of many victims, as I used my New Jersey example, to sue or to collect damages when they have been seriously injured, but the bill even goes beyond the issue at hand, which is rising premiums for doctors and hospitals and lets off HMOs and drug companies and medical device companies, basically in my opinion special interests who are helping the Republican leadership and so now they have to get some kind of compensation for what they do.

I see my colleague from Massachusetts is here. I yield to him at this time.

Mr. TIERNEY. I thank the gentleman from New Jersey and ask that he stay nearby because I want to have a conversation with him if I can eventually on this.

I have had some very interesting conversations with constituents in my office for a period of time now about this issue, ever since the bill was filed. Primarily the concept was that people come in and they are upset because of what they think are the consequences of this bill from whatever perspective they come.

Consumer groups come in on behalf of patients and talk about how unjust it is for the limitations that it puts on patients. Lawyers come in because they are concerned. They, of course, believe that they are doing the right thing in representing victims of malpractice. They believe that part of what they do that is noble and right is that they try to get people recovery so that they can continue on with their lives in some sort of respectable manner after some consequence or some

disaster has happened to them. And doctors come in because they think that the bill may be helpful to them because they do not want to bear the unlimited exposure to lawsuit damages and do not want their premiums rising through the roof. So we have those three groups sort of pitting against themselves, or some combination. But when you sit people down and talk to them, it is really easy to see that this bill is not about doctors, it is not about lawyers, it is not about patients, it is about insurance companies. It is about insurance companies and those others that you mentioned at the end of your remarks who somehow managed to get into a bill that they are billing as being a limitation on premiums for malpractice but managed to sneak in there immunity for themselves and total absolution from any liability for their malfeasance or their mistakes or their negligence or their wrongful acts even if they are deliberate. The fact of the matter is that that does not serve the American public at all. It does not serve any of those other three groups that we talked about.

I have any number, as I am sure you do, a number of friends that are doctors, physicians in different fields, ranging from those that have a very high risk factor to those that have a very small risk factor. There is not a one of them that when I engage them in conversation that does not have compassion for their patient. When you say to someone, as I did just the other day to a doctor, this particular doctor deals with people with cerebral palsy, an absolutely dedicated physician. I said to him, if one of your patients by virtue of your mistake was injured at a very young age and the consequences were that they were going to have this disaster for the rest of their lives, do you think that $250,000 would fairly compensate them?

They say, well, no, of course not.

I ask if they realize that in this bill that is the limitation that is put on that. And that women that get injured that may not be working, may be bringing up a family in a household, they do not have economic earnings from which they can then generate a recovery but they have the rest of their lives to go forward when they may then have to go out and try and earn a living and they may be stopped from doing that, do you think for someone in that consequence, that $250,000 is enough?

Well, of course not, was the answer. And right on down the line, example after example. I came in late, but I know you were giving some examples earlier.

Their answer back to me was, why don't you engage and try to do something that is reasonable? If you don't think $250,000 is reasonable, why don't you engage them in that? I tell them that the simple fact of the matter is that this is not about a conversation. We are more than willing to sit down and talk about what is fair and what is just. The problem is that the insurance industry and the HMOs and the others that are driving this piece of legislation and I think using the doctors as a tool in this by trying to get them to believe that their premiums will go down when they will not, and history shows that they have not and studies indicate that they are not intended to by this bill, that they try to get them involved in that instead of realizing that this is all about the insurance industry, all about the HMOs, all about those other manufacturers that want to be absolved from liability and they do not want a discussion. They want to try to generate the heat high enough so that you are either for it or against it. There seems to be a lot of that going on around here these days. They make a bill very difficult and absolutely without any compromise.

You will find out that when the bill comes to the floor tomorrow, they will not be asking for amendments to make it better or to improve it. They will not be asking for any prolonged debate to talk about all the aspects of this, not just premiums but how do we protect doctors from unlimited liability, how do we protect patients to make sure they get their just due without putting doctors out of business. None of that will be open for debate. It will simply be a vehicle for people to make a case, perhaps in the next election in 2004 or whatever or to show themselves to their benefactors that they are out there waving the flag on their behalf. That is unfair. It is unfair to patients, it is unfair to doctors, it is unfair to lawyers and it is unfair to the American public at large.

The fact of the matter is that if you couch it in terms that this is all about keeping premiums down, it is something interesting to note that in California, where this is supposedly the model for this whole program, in the 1970s when they put in a cap on recovery, the fact of the matter is premiums did not go down. The next 4 years they went up considerably, and since that point in time, they have been pretty much running the average of around the rest of the country. So that is a fallacy. In Florida, when the Florida legislation said to the insurance industry, well, then if we are going to pass a bill like this, you have to certify to us that premiums will go down, the insurance industry said, no, we won't do that. In Nevada the same thing happened out there where they talked about enacting severe damage caps. The insurance industry came out and said very clearly that they would still not lower premiums. The studies indicate and history indicates that the insurance industry makes its money primarily not from premiums so much as from the investment of those premiums into other vehicles, whether they are bonds and to a lesser extent stocks and other vehicles and generate income from that. When the market is down, as it is now, and they are not paying off as they are, when it goes down, then they have to jack up the premiums to get the profits to which they think they need to go on with their company. Then they have to tell somebody that it is not about insurance companies and profit because they know that will not be extremely profitable because everybody wants people to have a profit but they do not want necessarily to be gouged. So they cannot go out and tell people that we just want to get a higher profit and we are going to do anything, we are not going to take any decrease in our profits, but instead we are going to go out and get the doctors, they cannot say that. They turn around and they say, you know what the problem is here? The people that are subject to malpractice, the people that have lost something in their lives, they are the problem. They are getting too high a recovery. Obviously because they are represented by lawyers helping them get that recovery, then lawyers are bad people, too.

The fact of the matter is many times these are complicated cases. Something happens, and if a doctor makes a mistake, it is complicated, and it is difficult sometimes to find out just where that mistake occurred, which part of the process, which doctor or other health care person was involved in that. A suit might be filed to find out, to discover where that was. Then the people that are not involved are let out or the person who is responsible, their insurance company gets engaged in the situation. You would hope that this is a system we have structured to give that person a fair recompense for their injuries. That is the way that it is supposed to work.

The problem is of course that now they are putting up there, they are saying that this whole idea of somebody recovering is where the culprit is. There has not been any great increase in huge recoveries across this country. They cannot point to statistics showing that all of a sudden we have had a spike in incredibly high recoveries for people. And those few high recoveries are generally knocked down by appeals courts to a much more realistic number. It just happens that there was something in the course of that case that the jury got upset with, whether it was somebody trying to cover up something that was done or an insurance company failing to pay off on time, or something that caused them to get an award up there and courts generally ratchet that back.

But if we are not going to proceed on the basis that we have done in the past of having a system where somebody who through no fault of their own is seriously injured, looks to the person who was negligent, to the person who conducted the malpractice for a contribution, which they then in return insure against, then we have to find out what else it is that we are going to put in place for a system. If we think that we want somebody else to decide other than a jury as to what somebody's fair recovery is, then let us hear what it is.

Let us have a debate about that. Who should replace a jury of your peers in deciding that? If you think there should be a cap on the amount of money that people recover, let us have some experts as well as the general public engaged in the debate about what would a fair amount be, because you certainly need to take care of these people. We have decided as a society that the innocent part of that should not be the one that suffers the burden and goes without having any ability to sustain the rest of their lives. We have decided that we have to try and share that blame by making the person who has been negligent responsible and letting them insure for it.

Society has to have a replacement. We can complain about the system that we have all we want, but we should be having a debate instead about what changes in it we are going to make if we think that parts in it are not working. As I said in the beginning of my remarks, I have great sympathy for the doctors who feel they have to practice defensively, for the doctors who feel that their exposure is unlimited, for the doctors who insurance companies abuse by raising their premiums on the false pretense that it is the situation where people are getting too much for their injury. We have to sit down with people and say, what else are we going to put in place, how else are we going to make these decisions in a fair way so that people get fairly compensated for their injuries and so that we understand that doctors have to remain in practice and they have to remain in practice without the fear of being put out of business either financially or because they were constantly engaged in litigation.

I do not hear that kind of conversation coming from the other side of the aisle, from the majority. I frankly do not hear anybody saying we are going to sit down and try to iron this out. Did it go to committee? It went to committee, but people should not feel that there was an open dialogue in committee, that there was any deliberation and honest debate and suggestions about what changes might be made. It went to committee so that the majority who put forward the bill could ram it through on a straight party line vote and get it to the next level so we could do the same thing so that they would have some talking points to go back to their benefactors with and to campaign against and say like, oh my God, other people that don't vote for this bill want to put the doctors out of business, and we are the ones who want to save the doctors when in fact the premiums will not go down a stitch, the insurance companies will not allow the bill to be amended to put a requirement that if the recoveries go down, the premiums go down, and the fact of the matter really is it is all about the insurance companies, the HMOs and the others that are going to be shielded from liability and it is not about the doctors, not about the lawyers and, shamefully, it is least about the people that are really the ones that we should be focusing on here, the people that are injured through malpractice.

The best thing these insurance companies could do, one of the best things they could do is help doctors put in place some way to police those 5 percent of the medical profession that are responsible for 54 percent of the claims. It seems to me and I think others that that is one area to look at that would take care of a large part of the problem of legal actions and a large part of the problem with that small percentage of the premium increase that may be attributable to claims.

□ 1845

My recollection of reports and data shows that it is about half a percentage point on those premiums. But that would make sense. Find ways to hold accountable that 5 percent of doctors that have 54 percent of the claims, and make sure they are either reeducated so they are no longer guilty of malpractice, or move them out of the profession to someplace else where they are happy, to a less risky end of the business.

Then let us make sure we take a look at the insurance companies. If they are going to jack up prices every time their investment returns go down, then we have to look at the company industry and say something is wrong here. Doctors should not be subjected to these spikes in premiums just because the economy has gone down and that is where you invested all of your eggs, and now you are suffering a loss and you want to maintain your high profits, you are not satisfied with a lesser profit. Then we have to find a way to deal with that through insurance regulation.

Short of that, and if they are going to insist on putting that bill through, we would at least hope they would have provided some discussion about what is a fair amount; and $250,000, even by doctors accounts, is not a fair amount of a cap. We would have had some discussion about what are we going to do about policing those 5 percent of the medical profession that create 54 percent of the incidents that end up in lawsuits. And we would have done something with the fact of trying to work our way around so that doctors did not feel they were subject to legal suit in order for people to get discovery as to who is responsible, find some way earlier in the process for the facts to be known so that people could move forward, and have a good public debate about this so that everybody's interests were resolved.

That is not happening, my colleague from New Jersey, you know that very well; and I would just say to you that I would be happy to have a conversation with you on it if you want, but I think you would agree that we could have done a much better job sitting down as a full House, with a full complement of the committee, with all three parties, the Independents, the Republicans and the Democrats, and people representing the consumers, patients, the doctors, and the insurance companies, and talked about what is needed to be done in order for this to really be done correctly.

I think it is shameful we started out with this yelling and screaming contest, that it is all or nothing, there cannot be any reasonable conversation. Doctors feel they are put in the position of, gee, in order to save ourselves, we have to go along with this low cap, and we have to go along with the provisions of the bill that effectively make it difficult for people injured to even find legal representation, because it is going to be so expensive to proceed on that suit; and there will not be any compensation because the amounts have been capped and lawyers will not come on, and they will be without a lawyer.

Only one in eight people that are subject to malpractice now file a claim anyway, and I guess the insurance companies would like to collect those premiums from the doctors and have that one in eight number be even less. Their profits would be that much higher, but society would not benefit from it. People that were injured would still have to go through their lives with those egregious situations and without help; and I think that we should focus on making the situation better, not having a political battle here that does not allow for debate.

Mr. PALLONE. I want to thank my colleague from Massachusetts for bringing up the reality of what is happening here politically. I know neither one of us wants to talk about politics. We would rather talk with the substance of this issue and what could be done to bring premiums down, because that is where the crisis is.

But what is happening with the Republican leadership, and even the President on this, is totally political. I mean, I have to tell you, I will just give you the background in the Committee on Energy and Commerce. This came up just before the election, I think it was sometime in October, that the Republican leadership on the Committee on Energy and Commerce decided to bring this up. There may have been a hearing, I do not even remember if there was; if there was, maybe there was one. And they quickly brought this up in the committee, wanted to bring to the floor, just before the election in October, just to make the political point that they were trying to accomplish something.

Mr. TIERNEY. If the gentleman will yield, I think you take it back a step further. If you remember the debates about the Patients' Bill of Rights, where doctors and consumer-patients, consumer groups and others were together on this issue, understood that we needed to have protections against HMOs and the like, needed to be able to

file an appeal to an egregious situation, I think a lot of it stemmed from the insurance companies and HMOs at that point in time saying we have to get back the equation here, and the way we will do it is we will improve our financial situation, and we will try to drive a wedge between those patients and their doctors.

Where they finally have come together and have focused the light on us and we are losing ground on the Patients' Bill of Rights, we have to again drive that wedge, and the way we will do it is by telling doctors that their premiums are going up, because patients that are subject to malpractice are getting too much compensation for their injuries, which they cannot justify and cannot move in that direction.

It is shameful. As I say, the doctors, in my view, are good people with the right mind, the right heart on this thing. When you sit down and talk with them, they understand that they are being used.

Their first comment always is, well, why do the Members of Congress not talk about what would be the right amount, if any amount, to talk about fair compensation? Why do they not talk about what should have to happen before a claim is filed? Why do they not talk about reining in the insurance companies?

I said we are perfectly willing, but conversation needs two parties, and there is one party here. We are listening. We would be more than willing to talk. The other side is not willing to have anybody listen, and they are only willing to ram things through; and unfortunately, that is what you are going to see tomorrow, and I do not think anybody is going to be served by it.

Hopefully, the other body in this institution will have the wisdom to stop that and force it back; and then maybe, maybe if there is enough pressure from other groups, we can have a conversation trying to improve the situation for everybody's benefit.

Mr. PALLONE. The gentleman is right on point. Let me tell you how much on point you are. Not only was this same bill essentially rammed in just a few weeks before the election through the committee, but, of course, it had to be the first order of business when we came back.

When we on the Committee on Energy and Commerce asked the Republican leadership on the committee to sit down with us and talk about a bipartisan bill that did not just deal with capping damages at $250,000, but actually dealt with all different aspects of the crisis, reinsurance, giving money, capping premiums or whatever, essentially what we were told, informally, was well, we cannot do that now. We cannot sit down. We have to bring this to the floor fast. Then it will go over to the Senate, and, do not worry, it will not pass there. Then we will sit down and talk with you about what we are really going to do.

This is essentially what we were told. This came in the subcommittee. Two weeks ago there was a hearing on Thursday. It was marked up in the subcommittee last Tuesday, it was voted out of the full committee last Thursday, and it was brought to the floor. Everybody understood that this had to go to the floor and there was not any opportunity to talk about what really could be accomplished, and we had to pass it in the House as a political measure for the reasons you said; and then when it gets to the Senate, okay, they will not pass it, we will have to sit down and talk.

This is the politics of it. There is no question about it.

Mr. TIERNEY. I just want to thank the gentleman for taking the time this evening to allow for some debate, probably much more than we will get tomorrow on this, so we could have a full discourse on what is going on and what the content of the bill is and what the effects are going to be on people. I think tomorrow we will hear a lot of the standard positions that people are taking, one side or another.

This discourse hopefully allowed us to broaden that out a little bit and talk about some the specifics. I thank the gentleman again for taking the time to do it and showing his leadership.

Mr. PALLONE. I appreciate the gentleman coming down.

Let me say another thing. This bill is primarily based, this bill that we are going to vote on tomorrow, is primarily based on the notion that damages, punitive and noneconomic damages, have to be capped at $250,000. What I have said over and over again to the Republican leadership in our committee, in the Committee on Energy and Commerce, is where is this magic $250,000 figure coming from? I hear over and over again, I guess because it was used in California, but there is absolutely no reason to believe that $250,000 is somehow some magical term to cap damages.

I think there are many on the Democratic side of the aisle, including myself, that do not have a philosophical problem with a cap on damages, but $250,000 is too low. Why is it not $1 million? Why is it not $1.5 million? Nobody on the Republican side of the aisle will give us an answer for that. They just insist that it has to be $250,000.

As my colleague from Massachusetts said, any effort to deal with this issue, other than capping damages, the Republicans completely reject. They say that the only thing we are really trying to do here is tort reform. We are not trying to deal with lowering premiums or addressing premium costs, other than through the vehicle of capping damages and tort reform. That is it.

Now, I just wanted to use another example, if I could, Madam Speaker, of how this legislation, this Republican bill that is coming up tomorrow, would be unfair to specific individuals.

I have another example in my home State in Newark, New Jersey, which is New Jersey's largest city, of a 12-year-old in Newark. I would just like to run through the case, explain what the case is, and why H.R. 5 would be very damaging.

This is a 12-year-old 8th grader who developed flu-like symptoms in September 2001. His mother took him to their family doctor, who gave him a prescription for antibiotics. When he showed no improvement, the boy and his mother returned and a different doctor changed the prescription. The boy seemed to be getting worse, continued vomiting and became dehydrated.

After 2 more weeks, his mother took her son to the emergency room. A blood test revealed there was something seriously wrong. Further testing determined that he had leukemia. However, he was informed he had a 95 percent chance of complete recovery.

Madam Speaker, the boy's pediatric oncologist prepared him for four chemotherapy protocols. After three administrations of the chemotherapy protocol, his progress chart noted that his leukemia was considered in remission.

The 12-year-old Newark boy went in for the final chemotherapy treatment at that point. The order for this administration should have been for one 60 milligram dose of a drug called doxarubicin. Instead, the written order called for three doses instead of one, and the chemistry department at the hospital reviewed the protocol but did not notice the overdose.

After the third dose, the boy had a violent reaction. The head oncology nurse reviewed the chart and said, ''There has been a terrible mistake,'' and called the doctor. The doctor said, ''Oh, no, how could this have happened?''

The boy's mother was informed that her son had received a massive overdose and he would be very sick. The most serious problem, she was informed, would be an overproduction of mucous throughout his body.

Now, Madam Speaker, the boy's health deteriorated, forcing him to stay in the hospital. He developed inflammation and ulceration of the linings of his mouth, throat and gastrointestinal tract. He experienced cardiac dysfunction, began vomiting blood and finally had swelling all over his body.

He transferred to a different hospital that began aggressive bone marrow transplants, but, unfortunately, too much damage had been done; and in April of last year this young boy died of severe adult respiratory distress syndrome, ARDS, caused by excessive mucous in the lungs.

Again, I use the example, because I want to show what the impact would be with H.R. 5, the Republican bill that we are going to consider tomorrow. The impact of this legislation would be very severe.

Being a 12-year-old, he did not have any income. The total amount of his economic loss would be the cost of medical treatment for his cancer treatment. The total available amount of

noneconomic damages, compensation to his mother for the poisoning of her son, for his lingering, painful death, and her for permanent loss, would be capped at $250,000.

Now, again, what is the magical $250,000? Where does it come from? I do not know. Nobody will give me an answer.

I have had some people who I consider somewhat heartless say to me, well, you know, a boy dies, a young person dies, a minor dies. Why should we pay the parents any more than $250,000? In other words, they were not dependent on him economically. He did not have a wife, he did not have children, he did not have a job. He was too young for all that. But I think that is a very heartless approach.

It also begs the question of the fact that if there is very little penalty and very little consequence of negligence or medical mistakes, then one could argue that there is not much of an incentive to not keep making them on the part of the hospital or certain physicians maybe that should not be out there practicing.

I do not say that because I think that most doctors make mistakes or are negligent. I certainly do not. But there always are some, like in every profession, that do.

One of the reasons we have punitive damages and that we do not have a cap is because we want to make sure that there is a certain amount of punishment, so that people do not continue to practice and they are more cautious and do not make these mistakes. Otherwise, why would the mistakes not continue to be made?

I have other examples, Madam Speaker; but before I get to some of the other examples, I want to talk a little bit about the fact that this bill goes beyond just malpractice premiums, insurance premiums, for doctors and hospitals, and deals with drug companies and deals with HMOs and deals with medical device manufacturers, because I think the fact that this Republican leadership legislation goes way beyond the order of the day, way beyond the issue of premiums for doctors and hospitals is a strong indication, maybe the strongest indication, that it is really nothing but special interest legislation designed to help some friends of the Republican leadership.

I offered an amendment in committee, which is also being considered in the Committee on Rules, and was, of course, voted down in committee strictly on partisan lines and probably the same will happen in the Committee on Rules. I cannot imagine that we would be able to consider it tomorrow. But basically it would have struck the provisions in the bill that deal with the issue other than doctor and hospital premium costs.

I just want to talk a little bit about the amendment, because I think, again, it brings forth why this bill is really not meant to accomplish the goal of addressing the malpractice crisis.

□ 1900

The amendment that I proposed strikes the language that includes liability protections on punitive and noneconomic damages for these industries; in other words, medical device manufacturers, HMOs, drug companies, and other health insurance companies. These are industries outside the scope of medical practitioners and, therefore, medical malpractice.

The limitations in the bill on liability covering defective medical products, dangerous prescription drugs, and claims against HMOs and health insurance companies I think are appalling, Madam Speaker. Shielding all of these additional industries from liability has no effect on medical malpractice insurance premiums which only affect doctors and hospitals and would only harm the current product liability system.

What H.R. 5 does, as written, is to leave victims with little recourse. These additional protections, the ones that I mentioned that go outside of the doctors and the hospitals, render victims completely unable to hold pharmaceutical companies, makers of defective medical products, and insurance companies accountable, even when they are proven negligent. Even if they are proven negligent, one cannot recover, other than based on a small amount.

In essence, what the bill does that we are going to be considering tomorrow is really a bill designed to reduce the consequences of the mistakes and wrongdoing of large corporations at the expense of victims of those harmful actions.

So here we are. Traditionally in our system, in our Anglo-American jurisprudence system that we are so proud of, it has lasted over 1,000 years, the effort was to protect the victim. Now, what we are doing with this bill is protecting the large corporations who do not need any protection. It is certainly not in the circumstances that are delineated here.

But the worst aspect of it, Madam Speaker, in my opinion, is with regard to HMOs. Because as I said, on a bipartisan basis, there were different bills; there was a Democratic bill and there was a Republican bill and the Republican bill passed and it was not, in my opinion, as good as the Democratic bill. But the bottom line is there were efforts on both sides of the aisle in the last 4 years in this body to try to deal with HMOs and reform HMOs so that patients had some rights. If they were denied care, they could go to some sort of a board or commission, administrative appeal, or they could go to court to overturn a wrongful decision that denied them care or caused them damages.

But what H.R. 5 does that we are going to consider tomorrow is it preempts State law and it amends Federal law far beyond, again, relating to doctors and hospitals, and it says that it applies to any ''health care lawsuit brought in a Federal or State court.'' Now, that is where we get to the HMOs. Eleven States have laws that provide that HMOs may be held liable for refusing to authorize payment for appropriate care. These laws would be completely preempted by H.R. 5 if it passes and becomes law. And, in particular, what is happening is the courts in the States and even at the Federal level are expanding victims' rights because Congress has not acted. We never passed, Madam Speaker, the Patients' Bill of Rights. It passed in the House, but it never passed in the Senate. It was never signed by the President. So in the absence of having Federal law that would protect patients who are in an HMO, States have passed laws and now the courts have even stepped in and said that one can sue and seek grievances for HMO action.

In fact, one of the most important Federal courts, the United States Court of Appeals for the Second Circuit, which covers New York, Vermont, and Connecticut, recently held that Americans can sue HMOs and other insurers for injuries resulting from their cost-minimizing decisions. Now, this ruling, if it is upheld by the Supreme Court, would essentially make the Patients' Bill of Rights the law of the land. We would not even have to pass it. It would essentially make the Patients' Bill of Rights apply to the entire country. But these kinds of lawsuits, the Second Circuit opinion, State law, either enacted by the legislature or by the State courts, would all be preempted and severely limited by H.R. 5.

To me, to hear my colleagues on the Republican side spend the last 2 or 3 years saying that they want to protect patients' rights in HMOs and then have them vote on this tomorrow, which I am sure is going to be voted on by most of my Republican colleagues, that would take away all of those rights or at least severely limit them I think is just incredibly hypocritical. Even the President, the President said that he supported the Patients' Bill of Rights too and now he is saying that he favors this malpractice bill, which would essentially limit one's ability to sue and take action against an HMO. I really do not understand where my Republican colleagues are coming from on this.

Now, I just wanted to mention, there is a Democratic substitute to H.R. 5, which hopefully the Committee on Rules will put it in order but if they do not, I guess we can do it on a motion to recommit tomorrow so we would have some opportunity to bring it up. Basically what the Democratic substitute does is the opposite of most of the negative aspects of H.R. 5 that I talked about tonight. It tries to look at the malpractice issue in a much broader context, not only for tort reform dealing with lawsuits and damages, but also for insurance reform. In fact, it has a commission that would evaluate the cause and the scope of the recent and dramatic increases of medical malpractice insurance premiums and, most

importantly, actually establishes a grant program, if you will. It is similar, I suppose, to the kind of reinsurance program that I mentioned where grants could actually be given to States or, in certain circumstances, where premiums go up. I really maintain that the only way that we are going to reduce premiums is not through any kind of a cap on damages in court, but rather by addressing it directly, by either having a reinsurance program that gives money back to the States or to the insurance companies so that the premiums go down, or providing some sort of grant program to reduce premiums. Again, it was the capping of premiums in California that made the difference, not the $250,000 in damages.

I see the gentleman from Texas is here, and I would like to yield to him at this time. I thank the gentleman for coming down.

Mr. SANDLIN. Madam Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding time and I thank him for his important efforts in this regard.

We can say that H.R. 5 was filed in that it calls attention to a very serious problem we are facing in the United States of America, and that problem is that the insurance carriers are absolutely gouging America's physicians and hospitals and other health care providers. The irony is that H.R. 5, while calling attention to that problem, does absolutely nothing to solve the problem.

We hear much coming from the other side about frivolous lawsuits. There is not a Member of this House that supports frivolous lawsuits and, in fact, if the other side was interested in getting rid of frivolous lawsuits, they would have put something in this legislation to take care of it. The Democrats support putting in specific provisions that say, if a suit and a claim has absolutely no basis in fact, no basis in law, no reasonable extension of law, that suit should be dismissed, the plaintiffs should pay the costs, and the plaintiff and the plaintiff's attorney should be sanctioned by the court for filing a suit without merit, period. If the other side was that interested in getting rid of frivolous lawsuits, they would have that in their legislation. However, they have ignored that.

Also, I think it is quite unusual that the claim is: Malpractice premiums are skyrocketing; we have to do something to help the doctors. Madam Speaker, the only people that are not at the table in this debate, the only people that are not affected by this law, the only people who are not subjected to any restrictions by H.R. 5, and that is the insurance carriers. The insurance carriers will get everything they want. It is a great payday for them, because they want a cap of $250,000 to limit what they will pay to aggrieved parties. However, they will not agree, they will not discuss, they will not even consider the possibility of lowering premiums.

That is absolutely outrageous. This is not a debate between doctors and lawyers; this should be doctors, lawyers, patients, consumers, pointing the finger at the insurance companies and saying, if you want this relief, you have to do something when you get it. But we know they are not going to do it. Do we know why we know? We know because we look at history. Historically, in the States that have caps their premiums are higher than in the States without caps. Now, go figure. That is because when the insurance carriers know that they have a limit, it is carte blanche. When they lost money, as the gentleman from New Jersey mentioned, in the stock market, they have a way for the government to help them get that money back or a quasi-government function; they just send a letter to our doctors. They send a letter and they say, you need to pay us more money.

Now, oftentimes we will hear folks on the other side of the aisle talk about MICRA in California. MICRA has not been a success, and MICRA is not what limited the cost of malpractice premiums in the State of California. MICRA was passed in 1975. Rates continued to go up. Doctors continued to have problems. Do we know what happened? In 1988, the voters of California, who do not support MICRA by the way, the voters of California passed Proposition 103. Proposition 103 was not malpractice reform. Proposition 103 did not say we have to limit what families get for the death of their children. Proposition 103 said we are going to regulate insurance and we are going to roll back the rates 20 percent.

Well, it is no surprise when we say we are going to roll back the rates 20 percent that rates go down. That is what it was designed to do. That is what happened in California. That is the only thing that has been a success. MICRA has had nothing to do with it. Do not be misled in this House either. MICRA is not H.R. 5. There are many, many significant differences between MICRA and H.R. 5. MICRA limits only, and puts a cap only on personal injury damages as a result of malpractice. The Health Act protects HMOs, it protects manufacturers of defective products, it protects; in fact, anyone engaged in any stretch of the imagination in the health care industry will be protected from civil rights violation claims, anti-fraud violation claims, anti-consumer claims. You name it, they are protected. It is just payola to the carriers and the HMOs.

The HMOs did not get the protection they wanted in the Patients' Bill of Rights. They have not gotten that deal done yet. So now they are back. Now they are back. Let us make no mistake about it: $250,000 is not pain and suffering. Madam Speaker, $250,000 is what the other side says that you get for the loss of your child. How much is the loss of your child worth? How much is the loss of a limb worth? How much is going blind worth? I do not know, but my friends on the other side somehow looked into a ball and they said, we know how much it is worth. If your child is dead, like Miss Santillan, that is worth $250,000 minus the cost and attorneys fees, thank you very much, next case. We have case after case after case.

I yield now to the gentleman from New Jersey, because he might want to talk about some of these specific cases that I know he has some information about, or maybe the gentlewoman from Texas (Ms. JACKSON-LEE) has some information she would like to share.

Mr. PALLONE. Madam Speaker, I will yield to the gentlewoman from Texas, but I think what the gentleman said in particular about the fact that this amount of damages, the $250,000 has no basis in fact. During the Committee on Commerce hearing last week, I asked many times, where does the $250,000 come from? What is it based on? The reply: the California statute. And that was passed years ago. So we can argue that just based on inflation alone, that that is no longer relevant. But then again, the Republicans just want to move ahead, steamroll it, and they are just not really interested in the reality of this and what really matters to the victims. So I appreciate the gentleman's comments.

I yield to the gentlewoman from Texas.

Ms. JACKSON-LEE of Texas. Madam Speaker, I thank the distinguished gentleman from New Jersey. I am also delighted to join my good friend, the gentleman from Texas (Mr. SANDLIN), and I appreciate his leadership on this issue. Both of our committees have been working intently, the Committee on Commerce and the Committee on the Judiciary have been working very, very hard on this legislation. I think we have had the same quest and the same theme; that is, to strike at the misinterpretation by our physicians and hospitals, our friends that believe that H.R. 5 is going to solve their premium problem. That is really the crux of this legislation. It really is not insurance legislation which really should be relegated to the States.

It is interesting that my good friends would share their States rights positions over and over again when we go to the floor to talk about problems that should be solved by the national government, and then my good friends on the other side of the aisle are constantly chiding at the idea of rights to the States, rights to the States, the 10th amendment. But clearly, H.R. 5 abrogates, usurps, takes away, preempts States' jurisdiction on this question dealing with protecting victims and helping doctors.

So I want to say to my good friends across the Nation, and particularly my friends in Texas, that this legislation does nothing for you as it relates to those high premiums on your insurance.

My neighbor is the President of the National Medical Association. I realize

the pain of knowing that a doctor has had to close his or her practice because they have been shocked, shocked or shot, or hit with a premium increase of $10,000, $50,000, $100,000.

□ 1915

What this legislation does, H.R. 5, and I am glad the gentleman from New Jersey (Mr. PALLONE) has gathered us for this Special Order to be able to say, it does not hit the point of the premiums. It hits at the time of the decision. So what you are doing is undermining juries when victims have been adjudged to have been a victim. This does not have anything to do with frivolous lawsuits; 61 percent of the cases are dismissed. This says when children like Nathaniel come into the courthouse, Nathaniel is blind and paralyzed because physicians that he went to and a nurse that he went to noticed that he was not eating and that he was jaundiced, he was yellow, and failed to diagnose what Nathaniel had. Did not tell his parents, You needed to hospitalize him, after seeing a number of pediatricians.

So we now have a little boy who has no income, no way to discern what his income might have been. He has no income to be able to have you assess what he needs to care for him for the rest of his life because he has never worked. And you are going to suggest that if he went to a court and got a judgment that he should have a cap on noneconomic damages and, likewise, he should have a cap on punitive damages?

Madam Speaker, this does not make any sense. And so I have offered amendments that would induce the insurance companies to take their profits, put them back into the physicians and reduce the premiums by 50 percent. Fifty percent of the savings go to the doctor. And I would move to strike the noneconomic damages, move to strike the limits on the cap on punitive damages, and I also asked that 2 percent of the savings would go to help our doctors who are alcohol and drug dependent only, a few just like there were only a few percentage of our doctors who, in fact, perpetrate these acts that would warrant such severe litigation.

We want good health care in rural and urban America, suburban America. H.R. 5 does nothing but blow up HMOs and insurance companies. It does not do anything. I encourage my insurance companies, my friends, the pharmaceuticals, physicians, doctors, let us sit down and get at the core of the problem, the small percentage of these doctors that need help, the American Medical Association can do with us and work with us to do that. The national association can do that. Let us work together to ensure that we have good patient care, a good Patients' Bill of Rights, good strong Medicare and Medicaid, and good strong resources for our doctors to do the job that they need.

I am delighted the gentleman from New Jersey (Mr. PALLONE) gave me this opportunity. I just want to hold this sheet of California up to make sure that everyone really knows that their medical malpractice legislation did nothing. They had to actually do insurance reform much later to actually get the doctors' premiums down. My understanding is the California Medical Association is not supporting this legislation because they saw what happened in their State.

So I would hope that tomorrow we would be of good sense and good mind and defeat this legislation on the floor on behalf of our doctors and our hospitals and our patients.

Mr. PALLONE. Madam Speaker, I appreciate the gentlewoman for coming down. I know she was up in the Committee on Rules trying to get one of her amendments that she described passed. I doubt they will pass it because they are doing everything on a partisan basis.

We only have maybe a minute or two left. I just wanted to thank the gentlewoman for bringing up the fact that traditionally when you are dealing with insurance regulation it is done by the States. It is tremendously unprecedented to take an issue that has primarily been dealt with by the States where there are State laws on medical malpractice and tort reform and all of the sudden put it under this huge Federal rubric and think we are going to solve all these problems. Particularly when something is so complex like this, the States are traditionally the laboratories where we see what can be done to make things work and maybe the Federal Government copies it later if it works.

That I think is just another indication that this is just being for special interests. This is just being done by the Republicans tomorrow for politics because they want to take this one-size-fits-all solution, knowing it is never going to pass the Senate, knowing it is never going to become law, just so they can say to the drug companies and to the HMOs and to the doctors, we have done something to try to deal with your problem. Not even caring whether or not it is actually going to accomplish the goal because otherwise they would wait and see what is working in the States or they would wait and they would take a more comprehensive view before we moved ahead with Federal legislation.

I think that was a very good point the gentlewoman made, and it is one of the points that we need to continue to make.

We are not going to win this one tomorrow, but we have to bring up the debate. If what happens is that it does go over to the Senate and then we are allowed to sit down as Democrats and Republicans and come up with a solution that goes beyond just a cap on damages, then so be it. I welcome that opportunity. I do not understand why we have to wait for it to pass the House to do that. But hopefully that opportunity will be there, and we will be up front making sure we can come up with a solution.

Ms. JACKSON-LEE of Texas. Just for a moment, I know our time is ending. I think the statement we are making on the floor tonight, and I will be an eternal optimist, one, that we get 2 hours of debate and an open rule and the gentleman's amendments are allowed in and mine are allowed in, because this is such a historic and important decision that the Congress will be making in the backdrop of the number of young men and women who are now on the frontlines fighting for our freedom. It could be one of their relatives that would be subjected to this; but the point should be made, as I close, that we are not against doctors. We are not against hospitals, my friends. We are trying to help you make this legislation right.

MEDICAL LIABILITY REFORM

The SPEAKER pro tempore (Mrs. MUSGRAVE). Under the Speaker's announced policy of January 7, 2003, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the majority leader.

Mr. GINGREY. Madam Speaker, I rise tonight and will take my time to describe the crisis that we face in this country regarding access to health care; and make no mistake about it, this is truly a crisis. When you have doctors unable to go to emergency rooms to provide emergency care, particularly for patients who have sustained automobile accident and head injuries; when you have OB-GYN physicians, as I am, stopping their programs at the most experienced states of their career because of the fear of litigation, you have patients who are in most need of those skills being the least likely to get them.

This crisis also extends to the facts that fewer and fewer of our best and brightest are choosing medicine as a career. The application rates to our medical schools are down significantly over the last several years. What is causing this? We hear from the other side and a lot of things are mentioned, insurance companies, of course, are being blamed for gouging physicians and for gouging the public. But I suggest to you, Madam Speaker, that that clearly is not the case.

Let me just give you a few statistics and share with you what has happened in my State, not just my own district, the 11th, but in the entire State of Georgia. MAG Mutual, Medical Association of Georgia Mutual Insurance Company, a doctor-owned insurance provider states that premiums for malpractice insurance are rising at rates of 30 to 40 percent a year. The Georgia Medical Association reports 20 percent of State doctors are curtailing the scope of their practices with some 11 percent actually refusing to performing emergency surgery.

Recently, the Georgia Board for Physicians Workforce released an access-

to-care study regarding physicians and the medical liability crisis. And let me share some of these statistics, and this is really frightening. In the State of Georgia, some 2,800 physicians are expected to stop providing high-risk procedures just to limit liability; 1,750 physicians in Georgia have stopped or are planning to stop providing ER coverage; 630 physicians plan to retire or in fact even leave the State. One in five family physicians and one in three OB-GYNs have reported plans to stop providing high-risk procedures including the high risk of delivering a baby. One-third of radiologists reported plans to stop providing high-risk procedures including, Madam Speaker, reading mammograms.

Now, Georgia is certainly not the only State in crisis. In fact, there are a total of 13 States that are in crisis: Georgia, Florida, Mississippi, Nevada, New Jersey, New York, Ohio, Oregon, Pennsylvania, Texas, Washington, and certainly West Virginia. And there are 30 other States that are in a near crisis. In fact, Madam Speaker, there are only about seven States in this country that are not in crisis or near crisis.

So the issue that we are presenting and the issue that H.R. 5 is trying to address is the fact that we are losing access to care and this is affecting every citizen in these United States, in all 50 States.

It is causing physicians to stop practice in many instances at the most critical time of their career, when they are the most experienced, they are the most compassionate, they have the best judgment and the highest level of skills. They are actually walking away. They are trading their white coats, literally, for fishing gear, which is a shame, which is a shame. And this is happening all across the country.

When physicians stop their practices, it is not just losing one doctor; it is really losing a business. We are in a time of economic crisis in this country. We probably have 8 million people who are unemployed. As I point out, we are not just talking about the loss of one job when a physician decides to retire early or move to another State. We are talking about 5, 10, 15, 25 employees who have worked diligently in that medical practice in support of that physician. And you are putting every one of these people out of work, and adding to this crisis that we face right now of this economic downturn.

So, Madam Speaker, it is not about the physicians and their bottom line or how much money they are making in practice. It is not that at all. What our concerns are is the fact that runaway jury awards which have almost created a lottery-like mentality are resulting in no patient access. And the stories of people going to the emergency room, needing to see that neurosurgeon to treat that potential closed head injury. We heard some testimony today in a press conference. It was awfully sad to see the wife whose husband is now severely brain damaged. She came to Washington today, all the way from California with her two teenage children to describe how she went to the emergency room, her husband was taken to the emergency room after the automobile accident that he was in and there was no neurosurgeon on duty. And he had to literally be air-lifted 60 miles away, and it was a 6-hour delay before he could get the care that he needed and the result was he sustained permanent brain injury.

Madam Speaker, I see some of my colleagues have joined me in the Chamber, and I want to at this point yield to them. I know they have worked very diligently on this issue. They are co-sponsors of H.R. 5, and they have got a lot of expertise that I know they would like to share with the Chamber and with the Members and, of course, with the American public. I would first like to recognize the gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Madam Speaker, I would like to thank my colleague from Georgia (Mr. GINGREY) for putting this together in anticipation of what I think will be a great day for this Chamber and a great day for America and that is going to be the passage of H.R. 5, the HEALTH Act.

I am a co-sponsor of the HEALTH Act, as I was last year when it passed through this Chamber. I was pushing for medical liability reform at every level, on the Federal level most certainly, but in our own State of West Virginia.

Everybody has a story to tell, and certainly in West Virginia last year we had quite a story to tell. I just want to talk about two incidents that happened in our State of West Virginia.

I live in Charleston, West Virginia, the capital of our State. And the largest medical center there lost its trauma-1 status, which means that if I were to be in a car accident and my family were to suffer like the woman that we talked with earlier today whose husband was in a car accident, they too would have to be transported to find a neurosurgeon to be treated in a trauma-1 center outside of our State.

□ 1930

To me, to live in a capital city and say you cannot provide that kind of care in our capital city does not speak very well for our State or our capital city. I am happy to say that that hospital has since retained its Trauma 1 status through great efforts by our governor, and we now do have our full emergency care, but in that point in time it was a devastating event.

We also had an event in September where a young boy had something lodged in his windpipe, went to the hospital, could not find a pediatric surgeon, had to be taken to Cincinnati, 4 hours away, before he could have that removed from his windpipe. Luckily, everything turned out all right, but if it had been a true emergency to the point where he was obstructed and could not breathe, it could have had a different ending.

I likened a lot of what was happening in West Virginia to the Perfect Storm. Our doctors were leaving in droves, our Trauma 1 center was closing, our doctors in Wheeling actually took a month long leave of absence in January to illustrate the devastation that they have felt in their emergency room with the skyrocketing costs of medical malpractice insurance.

According to the Chamber of Commerce, West Virginia has one of the largest problems. Let me just say, 65 percent of our physicians have said they would consider moving to another State to practice medicine; 41 percent said retiring early; 30 percent said leaving the practice of medicine altogether. And what does that say? To me, that says when a doctor who is in the prime of their lives and practicing medicine, not only do we lose access to quality care, but we lose that physician's expertise to train doctors that are coming through in medical school and the doctors to come, and it is a very discouraging fact.

Doctors are practicing defensive medicine all across this country, and they are ordering test after test because they are afraid of the consequences if they were to miss something or if they were to not order a test that could be in some form or fashion thought to have been not in the patient's best interests or in the patient's best interest to have. So they are ordering test after test. They are referring to specialist after specialist to get more judgments. They have prescribed more medicine.

This is what defensive medicine is about, and every physician or most every physician in my State and across the Nation knows exactly what it is to have somebody looking over their shoulder. These professionals train for years and decades, many of them, to provide good, safe, quality health care to our citizens, to provide access to our citizens.

I am particularly interested in rural health care because if our doctors leave, they are going to leave the rural areas first, and it is going to be a devastating situation for our country.

So I am extremely pleased that we are going to have H.R. 5 in front of us tomorrow. I am going to be voting yea very proudly. I think it is going to help in our States for our recruitment of our young physicians, retention of our physicians, and provide that quality health care and success that is extremely important.

I would like to tell the rest of the Nation that my State, because we were in the Perfect Storm last year, because we were in this devastating situation, our State legislature stepped up to the bat, and yesterday our governor signed a bill, a medical liability reform bill, a medical justice bill, that goes to a lot to lawsuits abuse and lawsuit reform and tries to get a handle on the lottery system of medical liability court cases. I am proud of our State. I am proud of

our legislature for stepping up and answering the call and answering the question.

We need to pass this reform at the Federal level and vote for this HEALTH Act. Our court system is overwhelmed with these frivolous cases. Everyone in this body and everyone across America wants to see when an error has been made, when something unfortunate has happened, wants to see that person get what is rightfully due to them and to see that they are made whole because of an error that might have inadvertently been caused or intentionally been caused in a medical situation, and if we allow our court system to proceed the way it has with these frivolous suits and clogged up, the folks that are really due and that are really hurting are not going to have the access that they need.

This is also an economic development issue. If our health system is failing, we cannot develop our communities and a State like mine, if our health system is not standing, all the businesses are not going to come and bring employees into a State or a city that does not have good quality health care and good quality access to health care.

I think a lot of us across the Nation have a personal relationship with our physicians, and I think what happened in my State is what is happening across the country. With the personal relationships that we have with our physicians, that I might have with my OB/GYN or my mother might have with her physician, when those physicians leave in an untimely way because they are forced out of practicing medicine because of the high cost of medical liability, because of the fear of lawsuits, when those physicians leave, it breaks a serious bond in all of our lives. We have lost one of our friends, our advocates and somebody that we trust, and that is our physician.

I want to see our physicians be able to practice the way they have been trained, the way that they in their hearts know that we want to be treated, with good quality health care, and I believe that this health reform bill that we are going to pass tomorrow, modeled after the California bill, will go a long way to seeing that happen.

Mr. GINGREY. Mr. Speaker, I thank the gentlewoman from West Virginia for her comments, and I am really appreciative of her pointing out some things that needed to be mentioned.

I talked about the fact that when a doctor closes his or her door that it affects more than one employee and it could affect five or 10 or so, and the West Virginia crisis was as serious as any in the Nation, and I commend West Virginia General Assembly and the governor for passing this reform, the Medical Justice Act as the gentlewoman from West Virginia described it, and that is really what it is. It is a Medical Justice Act, and what is important for people in this country to understand is that nobody, no physician certainly, is trying to deny a patient the access to a redress of grievances in a situation where they have been injured or a family member has lost their life because of practice below the standard of care, either on part of the physician or the hospital in which that care was provided.

I have unfortunately, over a 30-year career in OB/GYN with 5,200 deliveries, been involved in a couple or three lawsuits where myself, along with six or eight or 10 other people, were named, and in at least one of those cases I was pulling for the plaintiff. I felt that they deserved just compensation and was glad when they received it.

Nor are we trying to, in trying to address this problem with H.R. 5, to say and paint with a broad brush that all attorneys are guilty of being egregious in their behavior in regard to filing frivolous lawsuits and gouging the system. In fact, I think the opposite is true. Most attorneys are very professional. Those who are involved professionally in personal injury law do a good job, and they represent their clients well. Unfortunately, there are too many of those situations where the lawsuit is frivolous, and because of the ridiculous contingency fee structure it sort of promotes the filing of frivolous lawsuits and hoping for that one in a million lottery payoff, and that is really, it is not only putting physicians out of business. As the gentlewoman from West Virginia said, it is causing rural hospitals that provide some of the most important high risk care, a preponderance of Medicare and Medicaid patients, and they are closing the doors, and as she pointed out, in many instances that is the only employee base in the whole county or region of the State, and so it does not justify situations, but it is hospitals, too, that are dealing with this, and many of them, of course, are self-insured.

I see that the author of this bill, Madam Speaker, the distinguished gentleman from Pennsylvania is here, and I would like to yield as much time as he needs to let him talk about the bill.

Mr. GREENWOOD. Madam Speaker, I thank the gentleman for yielding and I thank all of my colleagues for this special order. It is very important and I did not hear the special order given by opponents of the bill earlier, but I am told that there are some corrections to the RECORD that might need to be made, and I would like to do that.

There is no one who is debating that there is a crisis in this country. The worst opponents, the most fervent of the opponents of the bill, the trial lawyers, are not arguing we are having a crisis in the States, including my State of Pennsylvania and many others. That is accepted. The question is what is the solution.

The key point that the opponents seem to make is that the insurance companies, the problem here is the insurance companies. It is not the legal system. It is not what goes on in the courtroom. It is that the insurance companies are overcharging for these liability premiums. If I thought that were the case and that the evidence substantiated that and if we had testimony to that effect, then I am not the least bit shy about going after the insurance companies. I know my colleagues are not. We would do what is necessary there.

The fact of the matter is that the National Association of Insurance Commissioners asked point blank, testified, not once but repeatedly, to the fact that there is no evidence that the insurance companies are colluding; that they are price gouging; that they are doing a market sharing plot; that they are scheming in some ways to overcharge for these premiums.

We do not have to take anyone's word for it. What we have to simply take a look at is the fact that 60 percent of the physicians in this country acquire their medical liability insurance from physician-owned companies. Think about that. These physician-owned companies are basically mutual companies. They are set up by doctors for the sole purpose of trying to enable doctors to get affordable medical liability. So they do everything in their power to get that premium as low as possible. They are certainly not colluding. They are certainly not price gouging. They are certainly not ripping off the doctors because they work for the doctors. They are owned by the doctors. They are the doctors.

The fact is that they have not been able to provide premiums at lower costs than the commercial insurers. So what does that tell us? That tells us that if, in fact, the commercial insurers were guilty of price gouging, were guilty of colluding, were guilty of overcharging, that their prices would be here and the physician-owned companies would be here. That is not the case.

What is the case is that they are at right about the same place and that leads us I think to the inescapable conclusion that the problem is with the judicial system and not with the insurance system.

Another argument that we have heard throughout this debate and we have heard at the hearings, we will hear certainly tomorrow a lot, is that $250,000 is just too low, how can we have such a low cap when noneconomic damages should be higher than that. So why did we pick $250,000? Picked it, first off, because that is what California did in 1975 and it has worked. While the rest of the country has seen medical liability rates go up by 505 percent since then, in California only 167 percent. So it has worked.

Secondly, the California Congressional delegation did not want us to set a cap that is higher than theirs because they are happy with theirs. They do not want that to change. So what we said, being respectful of other States and being respectful of the concept of States rights, we said, well, we will have a flexible cap, which means we set

it at 250 as a floor and then any State that wants to can raise that cap to $500,000, to $750,000, to $1 million. They can put inflaters in there, they can revisit it from time to time, and I think that is fair, and that is reasonable, and that is contained in this legislation. So the fixation on the $250,000 I think is a bit of a red herring.

I have heard opponents of this bill say this bill does not do anything to stop frivolous suits. That is the problem. The problem is frivolous suits. What this bill does is stop frivolous suits. What it does is this. When we have no cap on the noneconomic damages, and we said we do not put any cap on economic damages, we think if we have the case of a child that has been terribly injured and is going to require round-the-clock care for the rest of its life, we are talking about judgments on the order of magnitude of $50 million, $75 million for the health care and for the lost wages, a lifetime of lost wages, and we are for that. This bill allows that.

When we have no cap on the noneconomic damages, the sky is the limit. So what happens when the sky is the limit? A frivolous suit is filed, a relatively weak suit is filed without much merit. The insurance company that is insuring the doctor or the hospital looks at the facts and says, well, this plaintiff is particularly pitiful, this plaintiff is an especially pathetic plaintiff, we have got a very strong attorney here on this case. We better not fight this because we go out into the courtroom and fight this and try to defend against this case, the jury could decide to give one of these jackpot awards and it is not worth the risk.

So, given the fact that we have got this huge risk, what we are going to do is we will just settle, and every time they settle one of these cases, that gets built into the premium, and it increases the incentive for more cases to be filed.

Finally, what we have heard over and over again and what we are certainly going to hear tomorrow is what about these tragic cases, what about the poor 17-year-old girl in North Carolina, the Mexican girl who died from the organ transplant error. In North Carolina, where that occurred, they have a law that allows for wrongful death suits. They will go into the court under that suit, as they would even if our bill becomes law, and they will be able to sue for and they can do it either pursuant to other State laws or pursuant to our law, get a claim and receive awards equal to a lifetime of lost wages.

□ 1945

The California Plaintiff's Bar has been extremely successful in figuring out how to raise those economic damages, as they should be. If somebody is paralyzed, they go in and they get not only all of their lost wages, all of their medical costs covered, but they say now he is going to have to pay for someone to do household chores, and he is going to have to have his car altered, get a special automobile, and he will have to have ramps in his house. All that gets covered, and it gets covered well, and we think that is the case in the most egregious examples.

I think, and I think a majority of the Members of Congress will vote that way tomorrow, that the crisis is real, the crisis is upon us, and the crisis is severe. We have the best health care system in the world, but people will and have already died because they could not get to a trauma center, because the trauma center did not have the docs there because the docs did not have the insurance. And those people who are injured because they cannot get access to health care are just as hurt and just as damaged and just as dead, unfortunately, because the system is not working.

We can solve this problem with this legislation. It is fair, it is balanced, and I thank my colleagues again for this excellent opportunity to tell America about this.

Mr. GINGREY. Madam Speaker, I thank the gentleman, the author of this bill, the distinguished gentleman from Pennsylvania (Mr. GREENWOOD) and the work that he has done on H.R. 5 trying to address this problem.

Madam Speaker, I notice that a couple of our colleagues who are doctors have joined us in the Chamber, and I would like to call on them to talk about this crisis and the medical justice bill, the Greenwood legislation, H.R. 5, which we are going to pass tomorrow and hopefully get that passed in the Senate and solve this problem.

First of all I will yield to the gentleman from Pennsylvania (Mr. MURPHY). Dr. MURPHY.

Mr. MURPHY. Madam Speaker, I thank the gentleman from Georgia (Mr. GINGREY), Dr. GINGREY, for yielding to me, and I appreciate the gentleman from Pennsylvania (Mr. GREENWOOD) taking the lead on H.R. 5 because it is an important bill.

Madam Speaker, I want to focus some of my comments on some explanations of what else is happening in Pennsylvania, because I think it is very valuable. Liability rates are skyrocketing, and many doctors are finding it difficult or impossible to afford to practice medicine in Pennsylvania. During the first 8 months of 2002 alone, more than 110 Pennsylvania obstetricians stopped practicing in the State. Entire graduating classes of prestigious medical residents in institutions moved out of the State to practice.

Furthermore, about 70 percent of Pennsylvania doctors cannot even afford to buy new equipment or hire new staff because they are strapped by the rising rates, according to a recent survey by the Pennsylvania Medical Society. Doctors are overworked, understaffed, working on aging equipment, and patients' access to quality health care has never been more threatened. For example, as a consequence of fewer obstetricians, many pregnant women now have to drive over an hour on the hilly roads of southwestern Pennsylvania just to see their doctor.

In my career I have worked in neonatal intensive care units, and I know the consequences of a mother who is in premature labor, especially those traveling long distances because there are no obstetricians nearby. In fact, there are increased risks for a child to have a variety of potential problems.

I wonder if I might ask the gentleman from Georgia a question on this. I know I have seen children whose mothers go into premature labor, and I think my colleague will agree that oftentimes time is of the essence. If that child is perhaps born at 24, 27 weeks, 3 or 4 months premature, there are a number of complications that can occur. As an obstetrician, what kind of time frame are we looking at under those circumstances where one has to get that baby to a hospital where there are specialists there?

Mr. GINGREY. I appreciate that question from the gentleman from Pennsylvania because it is so critical, and my colleague has worked so closely in that area dealing with those type patients after the fact and trying to work through their unfortunately permanent problems that they sustain as a result of that lack of access to care.

I can just anecdotally tell of a situation in my own family, Madam Speaker. My grandchildren, my twin granddaughters, who are precious, of course, as all grandparents talk about their grandchildren, but mine are now 5½ years old, but they were born at 26½ weeks. Now, very fortunately, we were in a community where we had excellent care. We had access to OB/GYN care; in fact, my own group. And we had a wonderful hospital and a wonderful intensive Neonatal Intensive Care Unit that the gentleman from Pennsylvania (Mr. MURPHY) is talking about. But had that occurred in a rural community, had that occurred in a community like West Virginia or Pennsylvania, where we are in a crisis mode, and physicians because of the inability to pay for these outlandish, outrageous malpractice fees caused by this crisis, then our little grandchildren would have not had that care and, without question, they would have become a statistic, as the gentleman from Pennsylvania is talking about.

That is the tragic situation that we would have experienced, and that others have experienced because of this crisis, not to mention the cost to society in trying to take care of children that sustain brain injury because of a lack of access to adequate obstetrical care. So I am so grateful the gentleman from Pennsylvania brought that up.

Mr. MURPHY. Madam Speaker, I appreciate what the gentleman has said, because it is so important in many children I have seen and I have followed where we have seen the mental retardation and cerebral palsy and brain damage. Luckily, many of these

children do survive and do well, but sometimes the results are tragic so often because it requires more time for that baby to get to the hospital. It breaks our heart to think more of these cases may occur because there are not obstetricians delivering them in regions of the State.

I have also been told by a parent whose young child suffers from seizures that they have to wait 6 to 8 weeks just to see a pediatric neurologist because of a shortage of doctors in that specialty in the region. Our distinguished colleague from West Virginia mentioned a hospital in Wheeling, West Virginia. I know some of the physicians who actually live in my area staff that hospital, and they have told me of the deep concerns they have that a neurosurgeon is not available. So if someone suffers from a stroke, a helicopter has to be called and they have to transport that person to a hospital somewhere else. That hour can mean the difference between life and death or between a functional and dysfunctional life.

The opponents to reform blame soaring interest rates and also the sagging investment revenue of insurance companies due to the stock market decline. But if that were true, all States would be hit equally by the crisis, which is simply not the case. From 1998 to 2002, average liability for Pennsylvania obstetricians jumped from $25,000 to over $64,000. This is compared to States like Wisconsin and California that have seen average premiums hold steady at $35,000 to $45,000.

The truth is malpractice awards in Pennsylvania continue to be unusually large. During the year 2000, combined judgments and settlements in the State amounted to $352 million, nearly 10 percent of the national total, and juries in Philadelphia have awarded more in malpractice damages than the entire State of California did over the last 3 years.

To fix this problem we need balanced medical liability reform that ensures patients who are truly hurt by malpractice are fully and fairly compensated for as long as they need but that does not jeopardize the access of all patients to quality care.

I might also add that we faced many of these problems in Pennsylvania while I served as a State Senator, and we worked to pass a number of reforms in the medical liability system. These included strengthening the State Medical Board's power by granting an enforcement authority to investigate physicians with patterns of error, allowing malpractice judgments for future medical costs to be spread over time, requiring claims to be filed within 7 years from date of injury, eliminating the duplication of recovery for past medical expenses, and allowing doctors and hospitals to have verdicts lowered by a judge if it would force the closure of a medical practice or force a hospital to cut services, thereby damaging the ability to service the community.

Now, some of these are actually in H.R. 5, but I might add this. While these Pennsylvania State reforms were a step in the right direction, they have not had the full positive effects, and there are three majors reasons why.

First and foremost, these reforms do not provide a cap on noneconomic damages, because in Pennsylvania the State Supreme Court has ruled such caps to be unconstitutional and it would require an amendment to the Constitution, taking 3 to 4 years to change that.

Secondly, a large percentage of the malpractice cases currently making their way through the system were filed before this legislation in Pennsylvania was passed and they cannot be affected retroactively.

Three, insurance companies are expecting court challenges to be filed against the legislation and are waiting to see if the reforms are upheld in court before taking any action. As such, it will probably take several years to see the full effect of the legislation, and it is for this reason we need to pass reforms at the Federal level. That is why we need to pass the HEALTH Act, which will provide full and fair compensation.

The bill would also change the current contingency fee system in which attorneys are encouraged to pursue larger settlements in order to receive bigger paychecks. It would use a sliding scale for that.

The HEALTH Act would also permit defendants to be held liable for no more than their share of responsibility for plaintiff's injuries, requiring insurance payments are deducted from damage awards and creating a statute of limitations for filing new lawsuits.

As someone who has spent his career in both health care and public policy, I have seen firsthand the need for comprehensive medical liability reform. We need solutions that address the problems at their root and not just stopgap Band-Aids that temporarily cover up the crisis. Above all, we need to ensure we fully protect patients who are genuinely damaged by medical malpractice while protecting the access of all patients to the best health care our State and our country has to offer.

That is why I believe we need to pass H.R. 5 and make sure that, above all, we protect patients' lives.

Mr. GINGREY. Madam Speaker, I thank the distinguished doctor, the gentleman from Pennsylvania, for his testimony.

I want to just share some statistics with the Chamber and then yield to the distinguished OB/GYN physician, the gentleman colleague from Texas (Mr. BURGESS), to tell us a little bit about, through his eyes, what the State of Texas is faced with.

Indeed, Madam Speaker, Texas, just as Pennsylvania, just as West Virginia, just as Georgia, is one of those crisis States. According to a Texas Medical Association poll of Panhandle doctors, 61 percent, 61 percent, have plans to retire early, and 83 percent say they use defensive tactics in practicing medicine for fear of being sued.

Another story from south Texas. A pregnant woman was forced to drive 80 miles to a San Antonio doctor and hospital because her family doctor in her more rural hometown had recently stopped delivering babies, citing malpractice concerns.

Madam Speaker, at this time I yield to a distinguished physician, the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Madam Speaker, I thank the gentleman from Georgia for yielding to me, and tonight I rise to share stories from the State of Texas that represent where we are in this current medical liability crisis. And I would stress, because we did hear from some of our colleagues from Texas from the other side of the aisle, that this is indeed a national crisis and it affects all of us on a national scale. It is not a local crisis.

Back in my district, just this past week, on Friday, a young man, a doctor named Kevin Magee, came to my attention. Dr. Magee is what is called a perinatologist practicing in Plano, Texas. Perinatologists are obstetricians, just as myself and the gentleman from Georgia (Mr. GINGREY) are, but they are kind of like an obstetrician plus. That is, they spend an additional 2 years in training, in fellowship, and they take care of the sickest mothers. They deliver the smallest babies. They are truly, truly an asset and a blessing to any community that has the services of a perinatologist.

Unfortunately, just by virtue of what they do for a living they become lawsuit magnets. This year, Dr. Magee received his bill for his medical liability insurance coverage and found it came to over $125,000. Now, this young doctor graduated from medical school in 1988 at the University of Texas Medical School in San Antonio. He went to a State supported school. That means that as a taxpayer, the State of Texas, I, and other citizens of Texas partially subsidized his education. We are not getting our money's worth out of his medical career because now, 10 years after going into practice, he has had to close his doors. He is unable to continue caring for his patients because his practice could not earn enough money to pay his liability insurance costs. The community lost a young man in the prime of his career.

I was talking to Dr. Magee back in the district last Friday, and the conversation was overheard by another individual who, somewhat cynically, suggested that, well, Dr. Magee, being an OB doctor is a hard job and maybe you are better off now in business. He had to close his practice last October, and now he is working in an allied field but no longer in direct patient care.

□ 2000

This person suggested to Dr. Magee, maybe you are better off not having to deliver those premature babies in the

middle of the night. Dr. Magee stopped, and I could see the tears well up in his eyes. This was the job that he had trained for, 4 years of college, 4 years of medical school, 4 years of residency, and 2 years of fellowship. He said, ''I would be back in the delivery room this afternoon if I only could.''

Madam Speaker, with stories like that, we have to ask ourselves if this current litigious environment is good for patient care and patient access. I submit the answer to that question is, no.

In fact, a 1996 study done in Stanford, California, published in the 1996 ''Quarterly Journal of Economics'' demonstrated how broken the system is by clearly showing that the current medical liability environment does not improve patient access or patient care and has a negative impact on health care costs. The report, written by Daniel Kessler and Mark McClellan shows that States that had reformed their liability systems with laws that cap noneconomic damage awards and abolished mandatory prejudgment interest and place limits on attorney contingency fees, reduce hospital expenditures by 5 to 9 percent within 3 to 5 years of adoption of these laws.

The costs brought about by the current environment are borne by our entire system, from the family purchasing their own health insurance, to the business person, the entrepreneur trying to provide coverage to their employees, to the American taxpayer that supports medical services through Medicare, SCHIP and Medicaid programs. What does this 5 to 9 percent translate to in dollar terms? McClellan and Kessler's model shows that in States with effective tort reform, Medicare costs were 5.3 percent less for a new diagnosis of acute myocardial infarction and 9 percent less for ischemic heart disease.

If we applied this nationally across the country, this would mean that direct liability reforms would save $600 million a year in the Medicare program. And further extrapolating these costs across America's health system, this amount would come to a savings of $50 billion a year. Why are costs higher in States that have not enacted reforms such as those contained in H.R. 5? Because doctors have become accustomed to practicing defensive medicine, ordering tests they know their patients do not need, but could save their practice should a trial lawyer file suit against them. This wasteful health care spending drives up the cost for everyone, even the trial lawyers, so average Americans are saddled with additional costs when they go to the doctor.

Now, some will argue that additional medical services are a good thing. As a doctor in private practice, charge it up. They may say a doctor performing more tests may save more lives. However, this Stanford study shows that between the reform States and the nonreform States, mortality rates remain constant, indicating that a highly litigious environment does not improve patient health outcomes. The current environment is not conducive to low-cost, high-quality health care; and it must be changed.

The Congressional Budget Office has concluded that H.R. 5 would lead to an increase in the number of employers offering insurance to their employees and to the number of employees enrolling in employer-sponsored insurance and changes in the types of health plans that are offered and increasing the scope or generosity of the health benefits offered. In part, this development would be a result of lower health care costs.

As we have already seen in California, health care costs in that State are an estimated 6 percent lower than other States, saving California patients $6 billion every year on health care, all because California in 1975 had the foresight to adopt meaningful medical liability reform. H.R. 5 was molded after this successful approach.

I know my colleagues from Texas were here on the other side of the aisle earlier tonight and said that the California Medical Association did not like the Medical Injury Compensation Reform Act of 1975; but let me quote for a moment from a press release from January 16, 2003, which said that the California Medical Association applauds the call for a national medical liability law. President Bush and Senator DIANNE Feinstein cite the California law as a national model:

''This has been a success in California for decades, and many States are looking to our State as a model,'' John Whitelaw, president, California Medical Association, and an OB–GYN physician.

We have a plan to reform the medical liability system, and ensure that doctors will be there when they are needed, doctors such as Dr. Kevin Magee in Plano, Texas. The HEALTH Act contains much-needed reforms to provide this security beginning with a provision ensuring a speedy resolution to claims. This means that the statute of limitations is clearly defined.

There are some exceptions to this, but this component ensures that claims are brought before evidence is destroyed and while memories are still fresh. The bill also weighs the degree of fault in a claim so a person with only 1 percent of the blame is not forced to pay 100 percent of the damages, as is the case now. This component eliminates the incentive to look for deep pockets, making one party unfairly responsible for another's negligence.

With this legislation, patients would also receive full compensation for their actual damages. Patients are able to recover maximum economic damages. These are items that have a quantifiable amount attached to them, such as medical expenses and loss of future earnings.

Lastly, this bill gives flexibility to States that have already enacted damage caps, and we have heard over and over again from the other side of the aisle from some of my colleagues in Texas that this law took away from States the right to do what they thought was the right thing. But in fact, as the gentleman from Pennsylvania (Mr. GREENWOOD) pointed out, it does no such thing. We have respected States' rights and their ability to enact and enforce other damage caps other than those provided in this plan. The $250,000 cap on noneconomic damages serves as a floor on noneconomic damages for States that have no plans in place. States with higher limits, whether higher or lower, can continue to enforce those limits.

The U.S. Congress has an opportunity to positively impact the cost and improve the access of health care in the United States. In fact, the United States Congress has the responsibility to pass this bill and pass much-needed medical liability reform.

The United States Congress must act, not only for the well-being of patients, but access to doctors, caring doctors, good doctors like Dr. Kevin Magee in my district, who have dedicated their lives to the business of healing.

In America, where it is easier to sue a doctor than to see a doctor, something has got to be done. I urge my colleagues to make a commitment to the health care of American families and vote for H.R. 5.

Mr. GINGREY. Madam Speaker, I want to share some examples of excessive costs for liability concerns. Consider this: an April 2002 survey of physicians showed that nearly 80 percent have ordered more tests than medically needed because the doctors feared being sued, and nearly 75 percent referred patients to specialists more often than necessary. Doctors spent $6.3 billion last year on medical liability coverage. Hospitals and nursing homes spent billions more. The Federal Government, through its funding of Medicare, Medicaid and other programs, pays an additional $28 to $47 billion a year for health care due to the cost of medical liability coverage and defensive medicine.

Madam Speaker, I would like to yield to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I thank the gentleman from Georgia (Mr. GINGREY) for yielding, and it is a privilege for me to be here this evening to address this subject matter with my physician colleagues, of which we have many in the Congress.

Madam Speaker, I rise in strong support of H.R. 5, the HEALTH Act. The rising cost of health care has become an unrelenting problem. As I have said before, it has become easier to sue a doctor than see one. When access to health care is jeopardized, patients suffer. Doctors are leaving practice, and emergency rooms are closing their doors because of the astronomical increase in malpractice insurance premiums.

Health care costs are rising faster than they have in a decade, largely because the medical liability system is broken. Americans spend more per person in the cost of litigation than any other country in the world.

Unrestrained escalation in jury awards is the primary cause of the emerging medical liability crisis. The median medical liability award jumped from $700,000 in 1999 to $1 million in the year 2000. That is a 43 percent increase. Today the average award is $3.5 million. Members can do the math on what that does to medical liability premiums.

As a member of the Committee on the Judiciary, I have had an opportunity to mark up this legislation, which will grant better access to health care by fixing some of the broken medical liability systems that are driving doctors out of business. H.R. 5 is an effective bipartisan bill. It allows for unlimited economic damages such as medical expenses and loss of earnings. But it establishes a reasonable limit on noneconomic damages, commonly referred to as ''pain and suffering.'' It also factors in degree of fault, eliminating the incentive to look for the deep pockets that makes one party unfairly responsible for another's negligence.

It is modeled after California's liability reform law passed in the early 1970s, which stabilized the State's medical liability insurance market and increased patient access to care and saves more than $1 billion a year in liability premiums.

The MICRA Act was passed nearly 30 years ago; and in all that time Congress has sat back and watched its success, while at the same time watching the health care crisis grow across the Nation.

Last year the House passed legislation identical to H.R. 5, but the Senate refused to act. With 18 States facing severe patient access crises, and my own State of Iowa showing problem signs, it is time that we take some action. In Iowa's case, we do not have room to spare. We sit last in Medicare reimbursement rates, and we are 50th out of the 50 States. It is a long ways up to 49. Our margin is very, very slim. Additionally, though, we have been able to improve the quality of our care, but access is a critical issue. Many of our health care services have gone out of State because of our low Medicare reimbursement rate; and with the additional cost of premium and the distance between people, it is critical that we pass H.R. 5.

This measure will help our struggling rural hospitals increase availability of medical services and lower health care costs. We need to do more to lift the burden of rampant, frivolous litigation off the backs of the American people; and this is a good start.

My daughter-in-law, Heather, is in medical school now and plans to build a future in the profession that many of my colleagues have chosen. The decision for her is can she withstand the rising cost of malpractice premiums.

Last weekend, I caught a ride on a plane back to Iowa. I happened to sit across the aisle from an OB-GYN with her baby on her lap. And in the 3 years she has practiced in this region, her premiums have gone from $10,000 to $60,000 per year. We hear higher numbers, but I do not know if I have heard a higher percentage increase, and that is with no claims against her practice.

Madam Speaker, I will vote for this bill with great faith that it will be a significant first step for this Congress to address the impending health care crisis.

Mr. GINGREY. Madam Speaker, I thank the gentleman for sharing his experience in his State.

□ 2015

Madam Speaker, I see that the gentleman from Florida, the distinguished doctor of internal medicine, has joined us in the Chamber. I yield to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. I want to thank my colleague from Georgia, a former practicing physician in the practice of OB/GYN for his leadership on this very, very important issue. This is obviously a national crisis. It has regional features to it. California is not in the throes. They passed their malpractice reform.

We have got a real problem in Florida. Indeed, the Level 1 trauma center at Orlando Regional Medical Center is about to close down. The principal reason for that is they cannot get enough neurosurgeons to support the trauma center. One of the principal reasons they cannot get enough neurosurgeons to support it is that they cannot recruit physicians into the State of Florida and one of the biggest reasons for that is the astronomical cost of medical malpractice in the State of Florida. This is becoming an access issue. In the central Florida area of Orlando and the east central coast, Brevard County, where I live, you have upwards of 2, 3 million people in this region and we are going to lose one of the principal trauma centers. So people are going to suffer. People are going to die because of the medical malpractice crisis that we are facing in this Nation today.

I just want to address one very, very important issue about this whole matter. This is an incredible cost to our economy. It is an incredible drag on our whole health care system. There was an outstanding study. It was published in the Journal of Economics in 1995 out of California. They looked at the costs for two diagnostic codes, unstable angina and myocardial infarction, pre-California MICRA reforms, and then post-California MICRA reforms and showed a dramatic reduction, $500 million in the State of California for just those two diagnostic codes just because of those reforms. It clearly shows that defensive medicine is real. I know defensive medicine is real, you know defensive medicine is real, the other OB/GYN in the room knows defensive medicine is real. We practice defensive medicine every day. These researchers out of Stanford University were able to show the incredible cost. This is in 1995 dollars. They extrapolated that it costs health care in our Nation $50 billion a year, and I assume it is now $100 billion a year.

Madam Speaker, the Medicare program could save billions of dollars a year nationwide if we can pass medical malpractice reform. Those are dollars that can best be used to provide prescription drug benefits for seniors and other enhanced benefits, or extend the solvency of the Medicare program. This is a horrible, horrible crisis that we have today that is hurting the taxpayer. It is hurting all Americans. Indeed, this high cost of medical malpractice ends up costing us more money to just provide health care, and that in effect is a drag on our whole economy and it affects our ability to be competitive in the world marketplace.

We must pass this bill. The other body needs to pass this bill. It is good for America, it is good for health care in America, and certainly it would help us in the area I live to be able to keep our trauma center open and operating. I want to thank my good friend from Georgia and my good friend from Texas for their leadership on this very, very important issue.

Mr. GINGREY. I thank the gentleman from Florida, the distinguished doctor, for sharing those remarks with us. As one of the original cosponsors of this bill, of H.R. 5, he deserves a lot of credit for bringing it to this point.

Madam Speaker, in closing, as I said at the outset of the hour, this bill is not about denying access to a redress of grievances, if you will, for a patient who has been injured by a physician or a facility who is practicing below the standard of care for that community. Nothing in this bill does that, and it is not a bill to take away the right of a profession, an attorney who is engaged in personal injury work, to do their work and do it well. It is not about that at all. It really is about two things. It is about saving a great profession for my doctor colleagues, yes, but that is not the most important thing. The most important thing is to try to save a health care system, arguably the best in the civilized world, from the destruction of a legal system that has run amuck. That is what H.R. 5 is about, the HEALTH Act of 2003, the Medical Justice Act, if you will. I am a very proud cosponsor of this legislation. Tomorrow, when I vote for H.R. 5, it will be a very important moment in my young political life. I predict that this bill will pass this House of Representatives and we will move it on to the Senate. It is time for the Senate to act. Patients demand it. Our constituents demand it. It is too important to miss this opportunity.

THE FEDERAL BUDGET

The SPEAKER pro tempore (Mrs. MUSGRAVE). Under the Speaker's announced policy of January 7, 2003, the gentleman from New York (Mr. OWENS) is recognized for 60 minutes.

Mr. OWENS. Madam Speaker, we are about to begin the process of passing a budget. There are other matters on the agenda here in Washington, of course. We have just heard one, the medical malpractice and the capping of awards to patients. That is important. There are not many important things that we have considered so far this year. There are a few, but nothing is more important than the budget. The budget is part of a bigger process. The budget and appropriations process are inseparable. They go together. It is as if the appropriations process, which is the final allocation of funds for functions of government, begins with the budget. The budget is going to set the parameters. The budget is going to outline where the appropriations process can go. It is important that as many of our Members as possible focus now on the preparation of the budget. The budget is a moral statement. It is a moral statement of what the values of a nation are at a particular time. There may be some nations which cannot make such a moral statement with their budget. If it is Bangladesh or Haiti or a number of very poor countries in the world, they may have high moral values, they may want to educate all of their primary school children and high school children, they may want to send all their children to college for free, but they do not have the resources, they do not have the funding, so the moral choice is not theirs. In the United States of America, the richest nation that ever existed on the face of the Earth, we make moral choices because we have the resources. We can do whatever we want to do with our resources, but we choose to do in some cases outrageous things with our resources and neglect very important matters, such as education, such as health care.

You cannot separate the budget from the discussions of war and peace either. We are slowly proceeding at an escalating pace toward a war with Iraq. The war with Iraq cannot be dealt with and discussed and value judgements cannot be made about that war without also considering the budget and appropriations process. It is the budget. How much will the war cost? Can we afford the war at the same time we provide for the needs of our own people in a reasonable manner? How much will war and peace affect the decisions that are made by the Members of Congress from here until we end the final appropriations process?

It is very interesting that the President, who starts the budget process by submitting his recommended budget to the Congress, has chosen not to include in the budget figures any recommended budget for the war in Iraq. Everybody knows that we are preparing for war. We have nearly 200,000 troops already in the area of Iraq, more specifically in Kuwait just across the border from Iraq. It is pretty clear that the policy of our administration wants to move us toward war, despite the fact that the rest of the civilized world, or large parts of the civilized world are raising their voices in protest. We are moving in that direction, but it is not in the budget. What kind of moral statement is it that we do not even bother to mention the war in the budget? Is that a statement that it should be a secret document, that whatever the budget for the war in Iraq might be it is going to be too outrageous to discuss in public? That will be a bit un-American. There is no way you can appropriate large amounts of funds without coming here to this floor through the Congress. So eventually we are going to have a budget for the war in Iraq on top of the present budget.

The present budget already is a budget that has gone into deficit. We are going to expend more money, if we follow the President's recommendation, than we take in. So war and peace considerations will have to be a part of this process of deliberation about the budget. I do not want to spend the time today discussing the war. I want to talk about the budget. But I must say that an activity which will drain such a great amount of money from the coffers of the American people, an activity which will put a strain on the budget-making process for all other functions, must be dealt with to some degree here.

I am against going to war with Iraq. I think that we are less secure. Every day we move toward a war with Iraq makes us less secure, not more secure. I think we are as a people more in danger every day we move toward the war with Iraq. I made that statement back in the fall when we had on the floor consideration of whether or not to give the President the approval to go to war, knowing that the consideration was war in Iraq. I made that statement. I said that North Korea and Pakistan are two priorities that we should look at before we consider war in Iraq.

Most people do not know that there is a great danger lurking in Pakistan along the borders and in the whole country. There is a danger that a nation that already has nuclear weapons, that is our ally, that that government may be overthrown. That government teeters on the edge of disaster because there are a tremendous number of people in high places in the military establishment, in the intelligence apparatus, who are pro-al Qaeda. There are a tremendous number of people who are pro-the Taliban. In fact, the Taliban that we just defeated in Afghanistan was created in Pakistan with the help of the Pakistani military. There are tensions seething, there is fanaticism there with respect to the battle between India and Pakistan over Kashmir that warps the reasoning of lots of people. And it is possible that fanatics, assisted by professional military people and the fervor of the al Qaeda movement, could overthrow the government of Pakistan, our ally, our biggest Muslim ally in the world.

Pakistan has always been our ally. Throughout the Cold War it was our ally. It is our ally now at a time when it is very dangerous for the Pakistani government to be our ally. But they are there. They have the courage, they are supporting the effort, the war against terrorism in Afghanistan and in that region, and it appears they may support the President in his quest to make war on Iraq. But this ally is in danger. I think that I am one of the few people who would put them first on the list of dangerous situations that confront America. They have nuclear weapons already. They have nuclear weapons. They are a Muslim nation. Osama bin Laden and the al Qaeda organization will have nuclear weapons if they capture the government or take over the government of Pakistan.

Moving beyond Pakistan, of course, everybody is aware now—they were not aware last fall to the extent they are now—that North Korea poses a threat and every day we move toward Iraq, obsessed with attacking Iraq, we are ignoring the danger in North Korea. North Korea is a mystery. The leaders there are unpredictable, unknown. This is a nation that defies reason in that they have the technical know-how, they have a very educated population, a population that is able to produce high technology. They have some of the most efficient rockets in the world. They are in the position now to create nuclear weapons. In fact, it is predicted soon and they may have two or three nuclear bombs already.

□ 2030

They have that kind of technology, they have that kind of capability, they have that kind of know-how. At the same time, they cannot feed themselves. The government cannot run a country which will provide food for the population, and the population is like captives to a government that cannot provide enough food for them.

This is a situation probably unprecedented in history, and unpredictable; and we should pay much more attention to it. We should be watching it much more closely. We should have our resources poised to deal with the unknown, the dangerous unknown, that exists in North Korea.

As far as Iraq is concerned, Saddam Hussein certainly is a person that should be dealt with. I think the fate of Milosevic, who is now on trial in the world court, indicted as a war criminal, that is the fate that should await Saddam Hussein; and we should push in every way possible to get that accomplished. But going to war with the people of Iraq in the manner we are proposing will not accomplish that task in a way which leaves us covered in dangerous spots elsewhere in the world. It

also alienates. Because of the fact that we are about to wage a full scale attack on a whole nation, it alienates large numbers of allies that we may think we do not need; but we do need those allies.

So war and peace considerations are as much a part of the budget considerations as any others, because we are already in a situation now where a new Department has been created, Homeland Security, and the Homeland Security budget is a new strain on the total nondefense budget.

We will find in the President's budget a number of cuts in a number of proposals and propositions that move in a way which will place the burden of this war on the backs of the poorest people. We have proposals under way now which are outrageous with respect to robbing the poor to pay for our government. We have a recession. We have the impact of September 11. There are a number of forces in motion that keep the recession going, and it is getting worse.

I am not in a position where I have the expertise to explain why the recession is moving the way it is totally, but we know some of the factors. I just mentioned two of them.

We have serious problems with respect to budgeting for every State and every city across the country. Certainly in my home State of New York, we are deep in a situation where the expenditures loom high over the expected revenue in New York State.

In New York City, there is still a $2 billion to $3 billion gap in the budget. It is very serious across the Nation, of course, as I said before. There are many cities and States in the same position.

There are cities where the local education agency within the city is projecting cutting the number of days that children will be allowed to go to school. There are other cities that are projecting deep cuts in education and health care. There are cities where health care cuts are already taking place in large amounts.

In my City of New York, the mayor was criticized by the establishment press for allowing the Medicaid costs to increase. The mayor has merely done his moral duty and allowed the agencies responsible for providing Medicaid to give Medicaid to those who are eligible for Medicaid.

Our previous mayor had gone to great lengths to knock people off the welfare rolls who really had a right to be there. They were eligible. But in addition to knocking them off the rolls, our previous mayor would not counsel and pressured the departments responsible for administering Medicaid and food stamps, to the point where they would not tell people who were knocked off the welfare rolls that they still had a right to Medicaid or still had a right to food stamps. So at this point, half of the people eligible for food stamps in New York City are not receiving food stamps, on the one hand. On the other hand, the food pantries and the soup kitchens have long lines of people who need food, many of whom are eligible for food stamps, and they do not know it because of the oppressive policies of the previous administration.

The administration in power now says we should do the right thing. People who qualify for Medicaid should get Medicaid. They are under attack for raising the cost of city government. By raising Medicaid and dealing with people's health care, we are threatening the budget; and that is a reason the press considers it a legitimate reason to criticize the mayor.

''Life, liberty and the pursuit of happiness'' is not just a loose statement made somewhere by the Founding Fathers. Life comes first, before liberty, before the pursuit of happiness. Life is related to health care. You have to be healthy; you have to stay alive. We are last among the industrialized nations. I understand that has to be translated into the provision of the best possible health care for every citizen.

If Canada can afford a plan which takes care of all the citizens of Canada, surely the United States can afford such a plan also. If Germany, France, if all the industrialized nations can afford to provide health care for all, surely the rich and powerful United States could also provide health care for all.

In this budget process that we are about to undertake, proposals are being made by the White House that Medicaid will be treated the way we have treated welfare reform. We are going to use Medicaid dollars to bribe the States. We are going to use Medicaid dollars in the same way that welfare reform dollars were used.

How were they used? In the Welfare Reform Act we offered every State funding at a certain level for their program for the poor people. At the same time, we gave them the leeway to keep all the funds that they were able to garner as a result of people who were taken off the welfare rolls. If you drive down the welfare rolls in whatever way, it was assumed it would be legitimate, that you would really check the eligibility of people, that the welfare rolls would go down, because we had programs that would help poor people, help them to get jobs, help them to find other means to sustain themselves. But in most States there was a reckless move to knock off as many as possible.

So many people were knocked off the rolls in New York City that we had to go to court and get a court order to force the city under the previous administration of Rudy Giuliani, force him to allow people to have a fair hearing. At one point the requirement that before you were pushed off the rolls a family had a right to a fair hearing, that was just pushed aside; and we had to get the courts to order that the fair hearing would be reinstated. The city dragged its feet and did as few fair hearings as possible.

Welfare rolls went way down. It benefited the State and city, and it was a way to fill the petty cash drawers of the city and the State on the backs of the poor.

They did that most successfully in the State of Wisconsin. Wisconsin is the home of the present Secretary of health and welfare. Wisconsin was one of the worst in forcing the welfare costs down and transferring the funds that were supposed to be used for the poor into other functions.

For that, the Governor of Wisconsin was rewarded and brought to Washington. So now the Governor of Wisconsin presides over a new proposal to take Medicaid and conduct the same kind of swindle with Medicaid that was conducted with welfare reform dollars. It is Robin Hood in reverse, robbing the poor to take care of the well-off or to take care of the governments of the States and the localities.

But the amount of money involved in the Medicaid swindle is so much greater than the amount of money involved with the welfare reform; so that bribe, that carrot held out there, is quite tempting for Governors who are now suffering with tremendous budget problems.

I say, in our budget, why do we not follow the Democratic stimulus package? The Democratic stimulus package says let us give money back to the States in an honest revenue sharing program. In that revenue sharing program, our Democratic Caucus did not do it to the degree I wanted, but you would target some areas.

I would target education, I would target Medicaid, and say we are giving you the money back. It is your money. Really all money comes from localities and States. The Federal Government does not generate any money. It is the money that comes out of taxpayers that live in States and local areas.

So we are giving back the money, a certain amount of money, to help with the budget problems that you have at the State and local level; but a certain percentage must be spent on education, and a certain percentage must be spent for health care also.

But that is honest revenue sharing, with controls and monitoring; and it is up front. What we are saying instead is we will give you your Medicaid money at the level that you have now, and that is it. Once we give it to you at that level, it will never go up; but you can use the money appropriated, for the next 5 years at least, you can use that money that you do not need for people who are on Medicaid.

If you drive down the Medicaid rolls, deny care to people that need it, all that you save can be utilized in some other way. This is called block grants, and there are other names for it. But that is the Republican majority's way of dealing with a major crisis in the country in terms of States and local governments and their budgets.

There is also a proposal that section 8 housing, housing programs for the

poor, shall also be block-granted in the same manner. So you can take something from the pot for the poor people by taking from welfare reform, you can take some from the pot that is generated by Medicaid, you can take some from section 8, and on and on it will go, because obviously the Republican majority's philosophy of States' rights is being distorted to mean the States' rights to Federal dollars that are really intended for poor people.

So we are here considering the budget, and these are the kinds of overriding considerations that are taking place.

I have been appointed by the Congressional Black Caucus to coordinate an alternative budget. An alternative budget is an alternative to the Republican majority budget that is going to be presented here. It is also an alternative to what the President has presented.

Nobody knows exactly how much the Republican majority budget that will come to the floor of the House will look like the President's budget, but we assume that it will be very close to the President's budget.

I am not certain that this Republican majority will allow alternative budgets on the floor yet. I do not know whether that decision has been made or not. But I hope the decision is made to allow us to present alternative budgets on the floor.

Nothing is more important, as I said before, than the budget process, the budget process which opens up the appropriations process, the process that is the most important thing that government can engage in. And we need time to debate it; we need time to discuss it.

We among ourselves are overwhelmed by the complexities of our government, even before 9–11, even before the mobilization for the war on Iraq. This is a complicated era. We live in complicated times of governments. The functions of governments as big as the United States of America need deliberation. We need deliberations about function, we need debate, we need as much consideration as possible. So we should not rush through the process of the approval of a budget.

I think there are certain basic principles that we need to follow, and I set forth to my colleagues in the Congressional Black Caucus those principles. One is we stand for and would like to do everything possible to facilitate a smaller, streamlined, and efficient government.

□ 2045

That should be the goal of all lawmakers. However, there must be enough revenue and resources to carry out the vital functions of our complex American society. It is absolutely necessary that we maintain an adequate investment in human development.

The people who say that the policies of the Republican majority are fashioned in a way to squeeze, squeeze the dollars out of the Federal Government so that there will be no money, no funding available for social programs, they are correct. That is the way the Republican majority is proceeding, along with the help, of course, of a new administration. The Republicans, of course, control all of the apparatus of government now, and it will be more difficult than ever before to stop the march toward the movement of resources of the Federal Government out of the Federal Government and back to the States, to some degree, and the lessening, in the final analysis, to take away the safety nets, to take away the New Deal, to take away Lyndon Johnson's society; all of that is going to be reversed if these policies are allowed to endure in the name of making government more efficient.

I believe in efficient government. I want every dollar saved to be used for some good use. Over and over I have attacked the insufficient farm subsidy program. The farm subsidy program is one of the most inefficient programs in the civilized world. Huge amounts of money are poured into a program that is not a safety net program, but it is still a handout. The American people are giving money to agricultural businesses. In addition to giving money to the businesses, we have a farm loan, all kinds of loan programs that have existed over the last 50 years, and billions of dollars have accumulated where the farmers, the so-called farmers, the agribusinesses have not bothered to pay back the funds. So there are areas of waste which certainly should be looked at very closely. There are large numbers of areas of waste. I am in favor of an efficient, streamlined, smaller government, but not at the expense of meeting the needs of all of the people of the United States, especially those who are poorest and need safety net legislation.

A second general principle, a general priority that I would set forth, I have set forth for the preparation of our alternative budget, the alternative budget of the Congressional Black Caucus, is that Federal assistance for education, for health care, housing, child care, transportation, worker safety and protection, and business development is as vital as support for homeland security and defense. Now, here I want to make the case that inseparable, inseparable from the budget process is our security. Considerations of our security are inseparable from the budget process. Considerations of our prosperity, continued vibrant economy, are inseparable from the budget process. It is the budget, stupid. It is the budget. The budget, which is part of the beginning of the appropriations process, will determine whether we use our tremendous resources for the benefit of all of the American people, whether we make a pivotal decision and turn down the dark road of more and more to the people who already have the most and less and less for the folks at the bottom who need the most. That is what is at stake in this budget situation, and the fact that we must mobilize and finance a war only aggravates the situation much more.

A third principle is that the ability of the government to provide for the Nation's security can be effectively implemented and sustained only if all of the vital investments in human development are assigned priority on a continuing basis. Our security can be effectively implemented and sustained only if all of the vital investments in human development are assigned priority on a continuing basis. In other words, the first thing a nation of the size of the United States colossus, we are a colossus; nothing ever existed in the world like the United States of America. This colossus cannot function without a lot of educated human beings. In fact, the total population, as many as possible, must be educated; otherwise, we are going to grind to a halt. We cannot keep pace with all of the kinds of situations that are there without a tremendously educated population. We are already suffering greatly because of the fact that we have not sufficiently educated enough people to cover all of the fronts that have been exposed as a result of the al Qaeda attack on September 11.

One of the problems with the al Qaeda attack, and I have said it many times, is that despite the fact that we are very advanced technologically, we have satellite systems that cover the entire world, they can pick up telephone conversations anywhere in the world, any electronic mechanism can be picked up and recorded, and they did exactly that before September 11, and many of the messages that were picked up in Arabic were not translated in time to make the difference. I am not saying they could have totally prevented September 11, but it has already been admitted that some of the messages were picked up, but suffered from delayed translation, because we did not have enough Arab translators. We did not have enough Arab translators. Somebody in our government in high places failed in terms of his vision and his education to make certain that there was a comparability between the people who were able to translate messages and the volume of the messages coming in. Several months later, 2 or 3 months ago, a person was fired in the FBI apparatus because she blew the whistle and said we still do not have enough Arab translators. We still are not addressing the problem.

Now, Arab translators are just the tip of the iceberg. We had a problem here on Capitol Hill with that unknown person who sent out the anthrax, sent anthrax to one of our Senators, and that office had to be closed and the whole building shut down for 4 months. For 4 months we had to wait for the handful of people who have expertise in how to clean up anthrax to deal with the problem. For 4 months, for 4 months here on Capitol Hill, because of the fact that we did not have enough

expertise to spread around, right here in Washington. In the Post Office, they did not get the same amount of attention. The absence of that attention led to the death of the two casualties of anthrax in Washington. They were two postmen. The attention was triage, focused here on Capitol Hill. Some of our offices had to shut down for 3 weeks. Even now, the impact of the anthrax scare determines how fast we get our mail. We do not get it very fast because of the fact that it is screened.

But the absence of expertise, the absence of people who knew how to do it was a problem. What if the anthrax fanatic had struck at 10 or 20 places at the same time? Where would we be at this point? We obviously need a lot of people who know how to clean up anthrax, just as we need people to know how to handle the response to chemical warfare, biological warfare. We are talking about that, but when we look at the cuts in education and the way education is treated, there seems to be no understanding of the obvious. It is obvious that one cannot get the people to do these things unless we have a pool, a pool of educated people to draw from, bigger than the pool we have now. Because the pool we have now to create lawyers and doctors and engineers and masses in MBAs, businessmen, that pool will be drawn upon to create the traditional replacements for those areas. We need more educated people to take on all of these other specialties and to make certain that we never, we never lose a war, we never lose a battle, and maybe never lose a life because we did not have the expertise needed. So the investment in human beings comes first.

Why are we proposing these budget cuts in education? Why are we not maximizing the amount of money spent on education as part of our mobilization for a continuing war against terrorism? A war against terrorism is a serious war and there is a tendency to try to paint all of us who are against the war in Iraq as passivists, people who want to lay down their lives and let the fanatics trample over us, as people who are not smart enough to understand the nature of the enemy.

I am against the war in Iraq, as I said before. I do not think we should be preparing for war in Iraq because it makes the world more dangerous for us. I am against that war, but I assure my colleagues, like many of my colleagues who voted against giving the President the power to go to war, my colleagues voted to give the President the power to make war on al Qaeda and the Taliban. We applauded, we applauded the immediate response to go after the people who perpetrated the September 11 attack.

I want to say that nowadays there is a lot of talk back and forth among poets. I just heard, before I came to the floor, a McNeil/Lehrer presentation where they talked for a few minutes about how poets are getting involved in trying to stop the war on the one hand; on the other hand, how some poets are getting involved on the other side, criticizing the poets who want to stop the war. This poet was very much in favor of going to Afghanistan, of challenging the Taliban, of routing al Qaeda.

I am not automatically a knee-jerk passivist; I do not run from the fact that there are fanatics in the world. On February 14 of last year, February 14, 2002, I made the following statement here on the floor in the form of a rap poem called ''Let's Roll, America.'' I am not going to read it all, but I am going to read some of it to make it known that when it is time to mobilize, when the enemy is real, we should go forward.

''LET'S ROLL AMERICA!
Set the tracks of destiny straight,
Don't look back
But close the gate.
Toast the past
But change the cast.
In every language of the earth
To the country of all nations
We have proudly given birth.
At the Olympics of forever
We will win all the races;
We are Great Angels of tomorrow
With magic mongrel faces.

LET'S ROLL, AMERICA!
Be generous philanthropy geeks,
Roll up the Sierra's highest peaks.
Be fanatic democracy freaks,
All the Founders dared to seek.
Sing loud the hallelujah note,
All our races and women can vote.

AMERICA LET'S ROLL!
Stand navy out to sea,
Off we go flying to stay free,
War never leaves us thrilled
But maniacs demand to be killed.
Saddam Hussein Satan's tutored underboss
Hitler minus the crooked cross
Gleefully calculates the victim loss.
Patrons of peace permitted no breath,
Ayatollahs eat dinner with death,
bin Laden is a monster of stealth.
The spirit of Gettysburg calls
Forward to the Normandy walls;
Descendants of John Brown:
Fascists under any flag
We swear to drown.
War never leaves us thrilled
But maniacs demand to be killed.''

There is a time to go to war. Adolf Hitler presented us with that challenge. We can never sing the praises high enough of the American boys who died on the beaches of Normandy, the Battle of the Bulge, fighting the Fascist enemy in Europe far away from home, but clearly, a clear menace to the entire world. We cannot sing the praises high enough of those who died on Iwo Jima, those who fought the Fascists of Japan who clearly had designs on the entire world and who led the fight by opening the conflict, by attacking us on Pearl Harbor.

So there is a time to go to war and there is a time to mobilize all of our resources and understand that a country belongs to us all. It is everybody's country. And when we make up the budget, remember that it is everybody's country. The names of the people on the Vietnam Wall, almost 58,000, I have said it before, if you look at those names, take them down, study them, you will find that one-half of those names up there are young men who came from the big cities of America and the urban areas of America with very poor people, at least half came from families that qualified for welfare. At least half came from families that qualified for food stamps. At least a half came from families that deserved to have Section 8 housing. Those are Americans too, and many of the Americans in Kuwait right now are poor Americans who this country belongs to them, too. They are daughters, they are sons, and should not be denied the best education possible, should not be denied decent housing. Their mothers and grandmothers should not be denied Medicare, Medicaid by swindlers who want to save money on the backs of the poor.

So we will fight, and there are Americans who have fighting spirits who do not necessarily think that a knee-jerk reaction to using military force is the answer.

□ 2100

Let me proceed with my fourth principle in terms of basic assumptions and principles related to the preparation of an alternative budget. The fourth principle that I would state here is that while the taxing of the middle-income and working families must be reduced and maintained at the lowest possible levels, the Federal Government must nevertheless secure the revenue it needs by upwardly adjusting the tax rate on corporate entities and by creatively seeking larger fees from publicly owned resources such as the spectrum above us which belongs to us, the Internet, public lands and waterways. While the taxing of middle-income and working families must be reduced, the idea of a tax cut should not come from only the Republican majority. The question is who deserves the tax cut in the structure of revenue acquisition. What is the most just way to proceed with taxation?

This may be the defining moment in capitalism, democratic capitalism, how we revamp our tax structure. A tax structure which is revamped along the principles that have been established by the administration will lead us only to chaos because it makes the rich much richer, it widens the gap, it widens the gap between the rich and the poor in a way which only courts disaster for the future.

So our tax structure must be reflective of the situation that exists now. Wealth is being accumulated by very small groups of people. Wealth is being accumulated most rapidly by corporations, corporations which are the beneficiaries of all of the accumulated civilization that has gone before, the knowledge that science and engineering has produced, the knowledge that has come out of our research and laboratories. The drug companies that provide prescription drugs are very wealthy, huge conglomerations. But

they built their enterprise on the backs of research that was done in public laboratories, research that was accumulated over the years by scientists whose names are not known in some cases, and in other cases whose names are known but they worked for institutes that were financed by our government. The Institutes for Health focuses on various diseases and research has been immediately there.

Bill Gates is probably the richest man in the world. Bill Gates is rich because there is an Internet, Internet and computers. Both computers and Internet were developed by the American military to the point where they can be transformed into the private sector in ways that allow people to make large amounts of money. The software of Bill Gates and Microsoft, the whole culture of the cybercivilization was created by the initiative of the American people.

The American military financed by the American people led the way; and, therefore, if we have tax corporations that have benefited from the efforts of the American people at a greater rate, it is only just. Instead of taxing corporations that get rich faster and faster, the pattern has been that corporations now bear less of the tax burden than they did 50 years ago.

There was a time when individuals and family taxes, income taxes comprised about 54, 55 percent of the total tax burden. Corporations were as high as 44 percent at one point. Corporations and their share of the burden dropped drastically down to the point where it reached as low as 4 percent at one point. And President Clinton and his administration began to bring it back up, I do not know, it is between 11 and 15 percent now. But that is a long ways from their fair share of the tax burden.

If we were to increase the percentage of taxes we collect from corporations, we could lower the taxes we collect from middle-income families and working families; and that is a proposition that I think our budget should go forward on now. We should reject the administration's proposals to cut taxes at the highest levels and provide cuts at the lowest levels. The payroll taxes for ordinary working people is the biggest tax increase we have experienced in the last 25 years. Percentage-wise, taxes have increased more for the poorest people through the payroll tax than any other form of tax. Let us relieve them of the great increase in payroll taxes. Let us relieve the middle class which bears the brunt of the burden of taxes; let us relieve them before we relieve the top 10 and 15 percent. Let us give the middle class back their money. Let us give them tax credits for the tuition for children. Let us give them child care tax credit. Let us do things without tax policy that benefit the most people instead of the elite few.

I am all for tax cuts, but I think that we need to drastically revamp, repeal the President Bush tax policies and revamp that policy to benefit the people who the need cuts most. Let us give the money to people who will be consumers. The rich will not turn the money over and purchase goods and services in order to revitalize the economy. They will invest it. If they spend it on services, they will go abroad and spend it in castles and high-class restaurants and a number of places which will not benefit the American economy necessarily. So we should see a tax cut for working families and a tax cut for the middle-income families as being a stimulus for the economy.

Item five, there should be an end to the tax system as we know it and a revamp which reduces the portion of the tax burden borne by individuals and families to less than 50 percent of the amount of money needed for taxation to cover our overall tax burden. Corporate entities utilizing the collective and accumulated knowledge in institutional support of a total society will continue to grow and prosper. Such recipients of public response of research and development protected by the legal system and the military might of the Nation and enriched by the greater American consumer market, such entities can and should bear a greater portion of the national tax burden. Corporate entities utilizing the collective and accumulated knowledge in institutional support of the total society, they will continue to grow and prosper.

Corporations are filthy rich. We know now from some of these scandals, the Enron scandal, the WorldCom scandal, we know how mega-bucks are passed among them as if they were pennies. One corporate executive was loaned $400 million. Another corporate executive was loaned millions of dollars, and they were forgiven by the corporation. On and on it goes. If you read what we have gotten exposed in a few corporations, you can see how most of them operate. Those that are honest have a great deal of leeway of choices to make with tremendous amounts of dollars. They can afford to pay for an American society that is generous enough to take care of all of its children and its elderly and people in need.

Such recipients of publicly sponsored research and development, I cannot emphasize this too much, they are recipients of publicly sponsored research and development, they are protected by the legal system and the military might of the Nation.

Those who have the most, have the most to be protected. If we go to war, we are going to war to protect those who do the most. Therefore, it is just for them to pay more in terms of taxes.

They are enriched by the greater American consumer market. Such entities can and should bear a greater portion of a national tax burden. Tax cuts for the upper-income brackets should be repealed immediately. Tax cuts for all families earning less than $50,000 per year should be implemented immediately, commencing with a large reduction of payroll taxes for the poorest workers. Tax cuts for the upper-income brackets should be repealed immediately. Tax cuts for all families earnings less than $50,000 a year should be implemented immediately, commencing with a large reduction for payroll taxes for the poorest workers.

Now, let me make it clear, I said I had been appointed as the coordinator for the Congressional Black Caucus alternative budget. These ideas here are still my ideas. They have not been all adopted by the Congressional Black Caucus. There is still some debate about whether we should have in our Congressional Black Caucus budget a freeze of the tax program the way it is or whether we should propose to have a repeal and revamping of it. And I want to note that. This is my proposal as an individual.

Let me go to point seven, related to education and job training. Leaving taxes which are critical, taxes are critical because they set the parameters. They tell us how much revenue we will have for our expenditures, and it is important that more attention be paid to tax policy. I think that one of the failures of the American academic community and the American citizens in general is they have allowed taxes to be a private matter for an elite group. They have allowed taxes to be treated with great mystery. We do not spend as much time ever discussing taxes and how the revenue is gained as we do discussing how the revenue should be spent. We should pay attention to both because in the absence of rational discussion, reasonable discussions we are having all these proposals that end up widening the gap between the rich and the poor and doing our Nation a great disservice because the Nation does belong to everybody. When you alienate certain groups, you are setting up a situation which is untenable.

Let me show you how bad it is with one set of statistics that came from the Federal Reserve. The Federal Reserve does a study every 3 years of consumer financing. And one of the facts that they generated are out of their most recent study of a 3-year period, not last year, but the 3 years before 2002, up to 2001. One of the facts that they generated was that the median net worth, the median net worth in terms of assets, wealth, for whites rose 17 percent in that 3-year period to $120,900; while the median net worth for minorities fell 4.5 percent to $17,000 for minorities. Talk about the gap between the rich and the poor: $120,900, median net worth for whites; $17,000 is a median net worth for minorities. That is more than just African Americans and other folks, other minorities are included there; but the most important factor is it did not go up. It fell from where it was before by 4.5 percent while the median net worth for whites rose by 17 percent. That was a great time of prosperity. The end of the prosperous 1990s and into the early 2000, 2001, whites saw their median net worth go up about 17 percent. Minorities saw their median

net worth go down by 4.5 percent. The gap is $120,900 versus $17,000.

That is why the Congressional Black Caucus budget needs to address a special group with a special message. It needs to address black leaders, our budget, the Congressional Black Caucus alternative budget, has to address black leaders that if you think you are providing good leadership, if you are smug and you think we are going forward because you read these stories about the great movement forward of the black middle class and black middle-class families, how well off they are, then stop for a moment and consider what the hard statistics show: $17,000 versus $120,900.

We have much work to do and only education is our salvation in the minority community. There is no other way. A few people may hit the lottery. Maybe some folks are discovering gold mines somewhere in the world. But basically, the only way to accumulate wealth is to get an education and get a decent job and start the slow process of wealth accumulation in the family.

Let me rush now. I am running out of time. Education and job training then becomes the key to solving the great problem of the great gap in wealth. Our government must do everything possible to help solve that problem by making sure there is the opportunity to learn for everybody who wants to learn.

□ 2115

Point 7, since the Nation's security as well as its future economic stability and prosperity is directly dependent on the quality of education of its citizens, the budget should greatly increase Federal assistance for education from Head Start to title I, bilingual education, Historically Black Colleges and Universities, Hispanic Serving Higher Education Institutions, special education, education technology and on and on.

Since school buildings are essential for the implementation of all school improvements, the taboo must be ended, and the Federal grants for school construction must be provided. The President's budget is proposing construction grants, not loans, but only for charter schools. Let me just repeat that. There is a taboo, unfortunately many Democrats believe in it, too, but there is a taboo against offering money for school construction from the Federal Treasury. Somebody somewhere decided that school construction must be a function of the State governments and the local governments.

Now, they used to think that way about highways and roads; but we spent billions of dollars, Federal money, on highway roads because the modern national necessity required roads and highways that needed Federal help. We built the railroads. The railroads were financed by the Federal Government. The great linkup of the Pacific and the Atlantic, most people do not understand, it was not done by private money. It was the Federal Government that financed the railroads; and private railroads then, of course, had a way to take advantage of that as in the case of much government experimentation and research and development, benefit greatly.

Here we are. The President's budget breaks the taboo by saying we will give $175 million to charter schools for construction. If it is okay to give construction money to charter schools, why not all schools? Why have a taboo on public schools in general? It just so happens that politically, for partisan political reasons, chartered schools are favored. So we are going to have $175 million. We are not going to give a cent to public schools for school construction.

We have some kind of program that is sponsored by two Members of the House for loaning to school districts who do not want to borrow any more money. So even if we pass that, it will not do much good in terms of providing for the school construction needs we have.

Point 8, significant Federal initiatives for education reform such as No Child Left Behind cannot be implemented effectively while local education agencies are under assault from State and local budget cuts; therefore, an emergency targeted revenue sharing for education programs must be legislated.

Point 9, job training programs must be rescued from the downward spiral of budget cuts. It must be made complementary and compatible with our overall education efforts as well as the changing occupational needs generated by new challenges to homeland security and global competition.

Under Health, Human Services and Safety Nets, while the recently released Democratic Caucus Prescription Drug Plan with a $25 premium should be endorsed, that is, we have a plan. The Democrats have a plan that makes sense. Democrats have a plan that is in keeping with what other modern governments are doing for their populace. So we should support that plan, but there are other health care needs that must be addressed in our current budget.

Of greatest significance to the CDC are the President's proposals to have the Federal Government abandon Medicaid; and I have talked about that swindle, and we must stop that.

Welfare reform must be revisited and made more humane by providing more in cash payments for children. They should also provide money to allow any head of a welfare family to go to school for at least 2 years of college and be able to qualify for these jobs that are available like nurses' jobs or experts in cleaning up of anthrax.

Point 10, a coordination and calibration of the services provided to families under title XX with the goals of assisting low-income youth who are in the No Child Left Behind schools must be appropriately funded.

There are many other points that I do not care to go into. I want to conclude by saying there was a time when we had Draconian cuts proposed for education shortly after the Republican majority took over, and I opposed those cuts at that time by reciting a little poem called ''The Nation Needs Your Lunch.'' They were proposing cuts in lunch programs in order to cut and save the budget. The Nation needs your lunch. Kids of America, there is a fiscal crunch. This regulation now needs your lunch. Things are becoming that absurd. We are cutting out vitally needed programs. Head Start is going to be cut. We are cutting vitally needed health programs for children, et cetera. We are a great Nation and we can do better than that.

I want to end with a new poem, a new rap poem which I think is very relevant:

''Stop the war!
We need the cash!
Tank battles escalate!
Into nuclear ash.
Stop the war!
We need the cash!
Give Medicaid families
All of Rumsfeld's stash.
Throw the body bags
Into the trash.
Stop the war!
Welfare mothers
Rush to cry,
Soldiers from the ranks of
The poor will be the first to die.
Stop the war!
Dragging democracy to its knees
With friendly fire
Camouflaged by orange alert excitement
Ashcroft decrees
The Constitution's indictment.
Silent objectors will be spared,
Enemy combatants
All demonstrators have been declared.
Stop the war!
We need the cash!
Vietnam had
Profound lessons to teach;
Empires fall
When they overreach.
Stop the war!''

THE BUDGET DEFICIT

The SPEAKER pro tempore (Mrs. BLACKBURN). Under the Speaker's announced policy of January 7, 2003, the gentleman from Michigan (Mr. SMITH) is recognized for 60 minutes.

Mr. SMITH of Michigan. Madam Speaker, I thank the Chair for this opportunity and if I could ask one of our pages to put a couple of charts up here.

Right now in the United States House of Representatives, the Committee on the Budget is marking up, what we call it is marking up, the budget for the 2004 fiscal year. The 2004 fiscal year starts next September 30, and we are looking at a budget that is going to be a little more conservative on discretionary spending but still looking at spending that has been increasing almost 7.5 percent a year, and that has led us into a very serious problem.

Probably at the present time, though overshadowed by national security and the conflict in Iraq, this year's budget is very important to the future of our kids and certainly to the future of our economy in this country. We must reverse the tendency to spend more and more money.

If my colleagues can imagine a chart that projects the increase in spending, and we do not have to imagine, this shows where we are going on the increase in debt and so it is going to represent the increase of this House Chamber to spend more and more money; and of course, what happens politically, if we bring home pork barrel projects, then we get on television, we cut the ribbon and probably we are more likely to get re-elected. So the tendency of Members of Congress, both in the House and Senate, is to make more promises of things they are going to bring home and end up spending more money, and that is what has led us to a very serious dilemma.

It seems reasonable that the increase in spending for the Federal Government should not be any more than the increase experienced by the average family in the United States; and yet, what is happening in government is we are spending three and four times the rate of inflation as far as the increase in spending over the last several years; and that is, of course, leading us into a very serious deficit, and let me just give my colleagues my thoughts on why this deficit and the larger debt is not good for our future.

Deficit, by the way, just to get our terminology straight, deficit spending means how much we overspend in any 1 year, how much spending is greater than the revenues coming into government, and then we add up that deficit for that year, and it adds to the total debt. The total debt of this country right now is $6.4 trillion. When I came to Congress just 10 years ago, it was just a little over $4 trillion. So a dramatic increase. So about $2 trillion increase in the 10 years I have been in Congress, but here is the prognosis for what we expect to happen in this 2-year session of Congress, and that is another $1 trillion increase, $1 trillion or more.

The projected deficit this fiscal year is $436 billion. For next year, it is $435 billion, and I say projected and emphasize that word because it does not include the supplemental that is coming in. It does not include the additional tens of billions of dollars that will be required as we continue in Afghanistan, if we go to war in Iraq. So we are approaching a half a trillion dollars overspending.

This is a swing of more than $7 billion in just this 3-year period between the year 2000 when we had a $236 billion surplus to this kind of deficit spending in just that 3-year period out of a $2.1 trillion budget. Huge differences. I mean, the economy certainly is part of it. So as the economy is sluggish and goes down, earnings are less from both individuals and businesses, so tax revenues are less. Expenses are more and so we are facing a war-type situation on whatever happens in Iraq, what we do in the war on terrorism; and so it is reasonable to some extent to go ahead and borrow a little more for those purposes, but we should be very conscious of the fact that we are continuing to spend in other discretionary spending 7.5 percent a year, much faster than inflation, of course, anyplace.

This shift in the budget certainly represents unrestrained spending, and that is what many of us are suggesting to the Committee on the Budget as they meet now, where some of the Democrats are suggesting, look, we should spend more for education, we should spend more for health care. There are hundreds of problems that need to be solved in the United States today, especially when individual States are hitting their budget crunch, but to ask government to increase borrowing to solve our problems is in a way saying to our kids and our grandkids that our problems today are so important and we do not think your problems, when you grow up and start paying your taxes, are going to be that important. So we are saying we want you to pay for today's spending that this Congress is suggesting in terms of all of the important programs that we might spend money for.

What greatly concerns me is that government spending grew explosively even as revenues have declined. Discretionary spending increases have been at least 6 percent each year since 1965 and at least 7.4 percent. Each year since 1998, there is four times the rate of inflation. The President's proposed budget is 3.5 percent increase for 2004 which is still as conservative as it is, still close to twice the rate of inflation.

Now, the gentleman from Maryland (Mr. BARTLETT) came and looked at this gross Federal debt and its components bar graph. So if he would like to come down and go over the bar graph to help describe the predicament, and I hesitate to say lies, but certainly hood winking of a lot of American people that at one time when we start bragging that the debt is going down, when actually the top blue line, it has never gone down, a little slow-down during 1998, 1999; but the total debt of this Federal Government has never gone down and the projection of ever bringing into balance the gross Federal debt is a long ways off, even though if we pretend that we do not owe the Social Security trust fund, when extra moneys come in, if we pretend that, if we pretend that it is not something that we owe the trust fund to Federal employees or the military as they pay in for their retirement funds, then we might have a balanced budget by 2007.

□ 2130

But that is not honest.

Madam Speaker, I yield to the gentleman from Maryland, and I even brought him a pointer.

Mr. BARTLETT of Maryland. I thank the gentleman very much. I spent, in a former life, 24 years teaching, and so this is like coming home to me.

This is a very interesting graph, and it points out some interesting things about the budget and about the deficit and about surpluses. Here we have three curves, and these three curves are labeled. The gross Federal debt. That is more often referred to as the national debt. And then there is the public debt. Now, this is the debt that we advertized that we were paying down during the 4 or 5 years of surpluses. And it is true. You can see that debt fell off slightly during the 4 or 5 years of surpluses.

But look at what was happening concomitant with that, and that was the debt held by government accounts. Now, another way of referring to that debt is that this is the debt owed to our children and our grandchildren, in large measure. This is the trust fund debt. These are the surpluses and the trust funds that we have collected from our working people, many of them our children and our grandchildren, to be there for them for their retirement and for their Medicare. We have taken that money and spent that money.

So all the while that we told the American people that we were paying down the public debt, the total debt, that is the debt on which interest is accumulating and the debt which we owe, is going up and ever up. There was not, as a matter of fact, a moment in time during those 4 or 5 years of our so-called surpluses that the gross Federal debt or the national debt actually came down. There were 14 months when the revenues exceeded the expenditures, but that is because of quarterly filings and April 15 and so forth.

If the Federal Government were required to keep its books on the accrual basis, which is the way every American company that handles more than $1 million a year, and we handle a whole lot more than $1 million a year, then there never was a moment in time when in fact the national debt, here labeled the gross Federal debt, went down.

Now, the fact that we were paying down the debt held by the public, the public debt, was good news for us here today. The low interest rates are at least partially due to the fact that we have paid down this debt somewhat. The Federal Government was not competing in the open market for dollars, and so interest rates dropped. So the low interest on your home, the low interest on your auto loan, which frequently is zero now, the low interest on your children's loan for tuition, all of that is due to the fact that we were paying down this public debt.

But the flip side of that is that for every dollar of public debt that we paid down by taking money from the trust funds, we accumulated another dollar debt in the trust fund. So that the sum of those two, always the sum of these two, equals the gross Federal debt.

Mr. SMITH of Michigan. If the gentleman will yield for a moment, just a

little more to emphasize the servicing of this debt as it grows bigger and bigger.

Last year, it took 11.4 percent of our total budget to pay the interest on this kind of debt, the $6.4 trillion. But what if the economy recovers; and what if then the Federal Government is out there in the marketplace bidding against business and whoever else, the homeowners or potential homeowners, whoever wants to borrow some money? Here is government at the auction saying, we are just going to be the highest bidder because we need this much money to service the huge debt load that we have now obligated ourselves to. Interest rates are going to go up.

As government goes deeper in debt, they are going to be competitive in the marketplace and drive up interest rates. And if we go up with interest rates where we were several years ago, that 11.4 percent of the total Federal budget could easily double and it could be depriving potential homeowners, potential car buyers, potential business expanders from borrowing the money they need. So if the gentleman would excuse the interruption, I think it is so important that we look at the downside to the economy of accumulating this kind of debt as well as the unconscionable burden it places on our kids and our grandkids.

Mr. BARTLETT of Maryland. Well, that is exactly right. And if we look at the size of that expenditure, 11.4 percent, that is just a little lower than the roughly 15 percent that we spend on our military. And if interest rates rise, the amount of money that we spend on servicing the debt could be larger than the amount of money we spend on our military, which for a single item is certainly the largest number in our budget. So the interest on the debt could become the largest single expenditure in our budget.

Every year that we do not balance our budget makes it just that much more difficult to balance the budget the next year because we are going to have to pay more interest on the additional money that we have borrowed. So as year by year goes by and this debt goes up and up and up, it is going to be increasingly difficult to balance the budget.

Now, what we are telling our children and our grandchildren is that we cannot run our government on current revenues. And because the things we want to spend money on are so important, we hope that you will understand that we have to borrow money from your generation. So that when it comes time for you to run the government, not only will you have to run the government on current revenues, but you are going to have to pay back all of the money that we have borrowed from your generation. I do not think that is fair. I do not believe my children think that is fair. And I do not believe my grandchildren think that is fair.

I would like to talk for just a moment about this debt held by government accounts, or the trust fund debt. By law now the only place that we can invest surpluses in our trust funds is in nonnegotiable U.S. securities. That means when they take some FICA money, tax, from you, you see it on your pay stub and that goes into this account in Washington. Immediately there is a big computer that recognizes that that money has gone there, and so it, in effect, prints an IOU and it puts the IOU in the account and it takes the money out so that there is, in fact, no money in any of these trust funds.

Now, there are a lot of different trust funds, 50 odd trust funds. The largest of these trust funds is Social Security. The surpluses this year in the Social Security surplus will be about $161 billion. The next largest trust fund is the Civil Service Retirement Trust Fund, then the Railroad Retirement Trust Fund, and the Transportation Trust Fund, and the Airport Trust Fund, and it goes on and on through a list of smaller and smaller trust funds equally, about 50 of these trust funds. This year, the accumulated surpluses in these trust funds will be almost $200 billion, $191 plus billion surpluses, in these trust funds.

Now, what this means is, since the only place by law that we can invest surpluses in these trust funds is in nonnegotiable U.S. securities, this debt is bound to go on as long as this law stays in effect. What that means is that government will always be increasing the debt by that amount. Because that money comes in and it can only be invested in nonnegotiable U.S. securities. And there is no way that money in Washington will not be spent.

Mr. SMITH of Michigan. If the gentleman would yield, I think it is good to put a footnote in terms of what historically government has done to have extra money coming in to these trust funds so that government can go ahead and spend that money.

I think the gentleman has made it clear that when there is extra money coming into these trust funds an IOU is written and government spends that money for regular government spending. It is not put into any account.

Social Security, for example. We started Social Security in 1934. Every time that the trust fund started going down and there was not enough surplus, what did government do? It increased the tax rate on workers in this country. So we went from a 1.5 percent tax rate and now we are paying a 12.4 percent tax rate into the Federal Government.

In 1993, the taxes were raised so much on workers that we are experiencing more money coming in from the Social Security FICA tax than is needed. And so that money, the $161 billion that the gentleman suggested we are having this year, is now spent for other government expenditures. But it is still owed. Sometime, someplace, somewhere we are going to have to come up with that money, and it is going to start just a few years from now, in 2015 or 2016.

So I wanted to make the point that government, when they get in trouble, and usually the tendency is that we do not deal with difficult problems such as overspending, such as Social Security, such as Medicare, until a catastrophe hits, and the longer we put off these decisions the more drastic those solutions are going to be. So let us not force government into again raising the FICA tax, where 75 percent of the American workers pay more in the FICA tax than they do in the income tax.

If the gentleman, just for a minute, and I think we will want to put that chart back up, but if the gentleman would take that chart off, we will see a chart that represents spending over the last 10 years, where spending has gone up every year by an average of 7.5 percent.

Now, discretionary spending, and discretionary means that Congress decides every year through our budget process, through our appropriation process how much we are going to spend, and the tendency has been to just spend more. And we should not forget it is taxpayer money. And increasing taxes are not wise politically, because people have to reach into their pockets and pay those taxes. More and more people are looking at their biweekly paychecks or their monthly paychecks and saying, my gosh, look at the taxes that I am paying to the Federal Government. But that is only part of it, because now we have a hidden tax or a future tax by increased borrowing and increasing debt and the deficit spending.

Madam Speaker, I would yield back to the gentleman.

Mr. BARTLETT of Maryland. I thank the gentleman. And this is an interesting curve. When the gentleman said we are increasing our spending by about 7 percent a year, that seems to be a steady rate of increase. But it is interesting that when we have a steady rate of increase, the amount that we are increasing rises exponentially. And that is just the characteristic of this kind of a rise. So if this continues, just at the 7 percent, this curve gets steeper and steeper and steeper and steeper as time goes on. It is compounding interest.

There is a namesake of mine, I guess he is my namesake, because he is a bit older than I, at the University of Colorado who says the biggest failure of our industrial society is our inability to understand the exponential function. That exponential function, if we keep on increasing spending at this rate, will eventually bury us.

Let me put this original chart back up for a moment, and I just want to talk for a moment about these trust funds and lockboxes. Now, we heard an awful lot, while we had surpluses, about lockboxes. And, by the way, that is a word we have not heard since we stopped having surpluses. Nobody talks about lockboxes anymore. We had a lockbox first on Social Security and then we had a lockbox on Medicare.

Now, what this lockbox said was if we had a surplus in those accounts, and we did, and we do, and we will have for a while, but the reason we have surpluses in those accounts now is because actuarially we have a generation of people that are going to retire in the future. And unless we accumulate a lot of money for their retirement, there will be no Social Security checks for them. There will be no Medicare coverage for them. So that is the reason we have these accumulated surpluses. It is not that we can cut taxes because we have these surpluses, because we are going to need them in spades.

Now, that lockbox had nothing to do with preserving or protecting Social Security. We have not, as a matter of fact, done anything to preserve and protect Social Security. I am delighted we are talking about it. Seven years ago, 8 years ago, if I talked about Social Security, that would have been perceived by seniors as a threat to their Social Security. I would have lost a lot of votes. And so nobody even talked about Social Security.

Mr. SMITH of Michigan. If the gentleman will yield on this point. I was made chairman of a bipartisan Social Security task force. And it was interesting that after all of the Members learned the facts and learned the serious situation of Social Security running out of money; in other words, less money coming in than we were going to have to pay out in promised benefits, all, everybody, Republicans and Democrats, said, look, we have got to reform Social Security.

□ 2145

But I think part of the sadness of this story is the temptation and what we have seen Washington do so often is to maybe be not totally truthful with the American people in terms of whether you call it a lockbox and we are not going to spend the surplus from Social Security, or whether we are paying down the debt when actually the total debt of this country is increasing. I think it behooves every voter, every concerned citizen, every young person who this tremendous load is going to fall on to pay the increased costs of servicing this huge debt, and mostly likely it is going to result in higher taxes. Retirees should be concerned because the temptation of government is to reduce benefits and increase taxes.

Mr. BARTLETT of Maryland. I would like to talk about the balanced budget that we had and surpluses. There was a balanced budget, and there were some surpluses. The balanced budget was the unified budget. That is all of the money that comes into Washington and all of the money that Washington spends. But about 10 percent of the money that comes into Washington should not be Washington's money to spend because it is taken from the American people presumably to be put in trust for the American people to make available to them such things as civil service retirement, as Medicare benefits, and as Social Security retirement in later years. So there was a surplus, but it was not a surplus that resulted in paying down the debt.

Now a debt was paid down. The debt that was paid down was the public debt, and I am sure the average citizen had no idea that there were two debts, a public debt and the national debt. While we paid down the public debt, the national debt kept going up. As I mentioned earlier, I checked with the CBO, and there was not a moment in time during those 4 or 5 years when Washington was telling the American people that we were paying down the debt when in fact the debt that really mattered, the debt that we are passing on our children and grandchildren, there never was a moment in time when that debt went down. It went up. That debt is projected to go up faster and faster over the next several years. Looking at the curve, in the next 2 years, this jumps up just about half a trillion dollars. The advertised deficit is only $245 billion; but the real deficit is going to be roughly twice that because we have to add to whatever Washington tells us the deficit is, we have to add to that the monies that are taken from the trust fund.

Now, this whole trust fund charade started during the Johnson years. Those who are older remember his guns and butter. He was running deficits that were embarrassingly high. So what his administration did to hide those deficits was to move those trust funds on budget and then take the surpluses in the trust funds and spend them and pretend that was not debt.

They make the perfectly silly statement the Social Security surplus offsets the deficits. For me this year that is true because I did not have to go, as a part of this government, out in the marketplace and borrow dollars because what I did, without their consent, was to borrow that money from my children and grandchildren. As a matter of fact, what we have here, what we are amassing here is the largest intergenerational transfer of debt probably in the history of mankind. Eleven years ago when I ran for Congress, I promised my constituents that I was going to conduct myself down here so my kids and grandkids would not come and spit on my grave. I have tried to do that. That is why I have always been honest with my constituents.

For all of those years that we were saying that we had a surplus and were paying down the debt, I told audiences that it will probably not surprise them to learn that Washington is not being altogether truthful. We are paying down the debt. It is the public debt; but the public debt is only part of the national debt, which is a sum that is really important because we have to add to the public debt the debt accumulated in the trust funds which we have borrowed. That just keeps going up.

Mr. SMITH of Michigan. Madam Speaker, if the gentleman were to put his pointer on the green line, even the bragging of paying down part of that public debt lasted such a short time because of the increase in total spending by this Congress and the Presidents.

Mr. BARTLETT of Maryland. Projecting this out, we will buy and buy, and have a lesser appetite for borrowing from the public.

Pigs may fly, too, but I think that is about as likely as the Federal Government paying this debt.

Mr. SMITH of Michigan. Madam Speaker, let us talk about monetizing the debt because some economists have said all we need to do is monetize the debt. That means printing more money and having inflation making it easier for the government to pay down that debt.

Mr. BARTLETT of Maryland. That is right. That is what happened in Russia today. So their senior citizens who worked a lifetime to earn a retirement, now have $5 to $6 a month for their retirement. We could monetize the debt. We could cause such inflation in this country by printing money that is not represented by goods and services, and that is what inflation is. We could do that so it would be easy to pay down this debt because we would be paying it down with cheap dollars, but the people who really get hurt are those people who have worked hard and are counting on retiring on interest. We have destroyed their retirement. We have no right to talk about doing this to people in the future.

Mr. SMITH of Michigan. Imagine for a moment as a family or a business and you go into debt, nobody does that without some kind of plan to pay back that increase, maybe emergency money, that you are borrowing. But in every situation there is a plan to pay back what you borrowed. Not true with the Federal Government. There are no plans, no prospects of paying back this debt, except some time it is going to get so high and servicing this debt, the interest which is now 11.4 percent of our total budget, and we are borrowing money at a very, very low interest rate right now, 3 to 4 percent, that could easily go to a situation where we are paying twice that or even more than twice that.

Like the gentleman from Maryland (Mr. BARTLETT) said, servicing that debt, interest on the debt could be more than our military expenditures for this United States. Even at this time, right now we are approaching 17 percent for defense spending; and so it is easy to see if we do not control spending, if we are not conscious of the real truth in what the debt is doing and what it is doing to our future and our kids and the economy, then we are going to continue on that curve upward. Already at the top right-hand side of the curve, Members can see we are approaching a $10 trillion debt.

In the first 180 years of this country's history, our total spending did not amount to as much as the spending for

this next fiscal year that we are projecting, a little over $2 trillion. So government has grown much faster than the rest of the economy. What does this mean? We have not used the world ''socialism,'' but I think as government is bigger and does more things and does not empower people but empowers the Federal Government, we become more socialistic. And people are expected to pay in based on their ability to pay in, and take out based on their needs.

I think what has made this country great is the fact that those that learn and apply, those that work hard and save, those that invest end up better off than those that do not. That has been part of the motivation of our Constitution, which has brought us to the best, the strongest economy in our world in our last 226 years. How do we keep people's eyes from glazing over when we talk about going deeper in debt, and we hear justifications, that debt is manageable as a percentage of GDP? But just on a commonsense, logical basis, should we be passing this burden on to our kids and grandchildren?

How many grandmothers and grandfathers would be saying, if they understood the burden that they are putting on their grandchildren, we will do with a little less, but the Federal Government has to hold the line on spending?

Mr. BARTLETT of Maryland. Madam Speaker, the average American has little idea of how much tax they pay. The last year for which I saw data, tax freedom day was May 10. Every American citizen works up through May 10 to pay Federal, State, and local taxes. On May 10, Americans will have paid all of their taxes; but May 11, do not count on working for yourself because for the next 7 weeks, up until July 6 last year, every American had to work full time to pay the cruelest tax of all, the most regressive tax we pay, it is the worst tax for our poorest people because the poorest of the poor have to pay this tax, just like the richest pay the tax. There is no exemption from this tax, there is no deduction for this tax, and it is the favorite tax of my liberal friends who do not understand how really regressive this tax is. And what this tax is, it is unfunded Federal mandates. It is all of the laws that we have passed here that require a State or a county or a city or a business to do something that costs them money which we do not pay for in the Federal budget. It is called an unfunded Federal mandate, and that consumes the working time of every American for about 7 weeks, that is, 52 percent of your time is spent working for the government.

Mr. SMITH of Michigan. Madam Speaker, in the last few days, a lot of local representatives of local government are coming into Washington complaining about these unfunded mandates. Here is the Federal Government, since we like to not spend the money maybe and not have the debt look so bad, we simply pass a law that the State or a local unit of government has to do it.

We have to watch and guard against that as we look at a new Department of Homeland Security and the tendency of this Department to put out regulations and rules and mandates of what local governments should do. If we put out a mandate, then the gentleman from Maryland and I both agreed that the Federal Government should pay for it if we are going to demand that a local municipality or State is going to provide those services. If the Federal Government is passing a law for local units of government or companies, then the Federal Government has a responsibility to pay for it.

Mr. BARTLETT of Maryland. I think the most important thing to remember here is what we are doing here does not affect just you and me this year and our taxes; it is going to affect our kids and our grandkids.

I just cannot in good conscience continue to pass on to my kids and my grandkids this ever-increasing debt. What we are telling them is that it is impossible for us to run our government on current revenues because our needs are so important; they need to understand that we have to borrow from their generation so that we can continue to live the way we are living now in our generation.

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We are telling them that, Sally and John, when it comes time for you to run the government, not only are you going to have to run the government on current revenues, but you are going to have to pay back all the money that we borrowed from your generation. Milton Friedman observed that government spends all the money you give it plus as much more as it can get away with.

Washington loves to spend money. Whenever a new bill comes up that has more money in it than we had in it last year, the question is always asked, if we spend more money, can we help more people? That is not the right question to ask. Of course if we spend more money we will help some more people. But the right question to ask is would this money help more people if we left it in the private sector than if we took it into the government and spent it? The answer to that question is almost always, except for running the military perhaps, that the money will do more good when left in the private sector.

So you listen to people here on the floor, they are always making the wrong point. They are always asking the wrong question. What they are saying is, if we spend more money, will we help more people? Yes. But that is not the right question. The right question is, if we left this money in the private sector, would it help more people than if we took it into the government and spent it? Almost every time the answer to that question is, please leave it in the private sector.

Mr. SMITH of Michigan. It is interesting that the original framers of our Constitution put in the Constitution that there would not be a tax based on income. They were looking at ways to structure a United States that encouraged effort, that encouraged work. We eventually amended that so we started saying, well, we will start out with a 1 percent tax on what you earned, now it goes up to 39½ percent of what you earn. It says to a young couple that wants to do a little better for their kids, we are going to tax you so much if you go out and get a job, but if you work an extra half shift or a full shift and earn more money, we are not only going to tax that extra earning but we are going to tax it at a higher rate. It has tended to be in many cases a discouragement for the kind of productivity that has made us so great in the first place.

As we look at our tax revision and how do we make our tax more fair, how do we have a tax that encourages savings, that encourages investment, it is something that has to be done to our very complicated Tax Code, where lobbyists and special interest groups have come in and got special favors for the sectors that they represent, often to the cost and expense of so many American taxpayers.

I think the points that we want to stress as we conclude tonight's session are, I think everybody during the next election should ask every Member of Congress that is running for Congress why they are increasing the debt that our kids and our grandkids are going to have to pay off, what they are going to do about Social Security, what they are going to do about Medicare. As the workforce goes down, the demographics, if you will, as there are fewer people working to pay all of the benefits for seniors, I think we should be asking Members of Congress, what is the honest reality of increased spending, that increased debt, and what are the unfunded liabilities of government, and there are so many unfunded liabilities, what we are eventually going to have to pay that is not considered in this budget. In fact, Social Security is the only revenue that has been taken off-budget so that you can see it on a separate line. Most of the intergovernment expenses are still considered under the budget, under the general fund.

Let me give you one example. All of the Members of Congress, all of the employees of the United States Government, there is no money that actually goes into the Social Security Administration. What happens is there is simply an IOU written for all of these Federal employees, Members of Congress, this is an IOU of how much we owe you for that 12.4 percent of the payroll of Federal Government workers and Members of Congress. There is a lot of pretense in the budget and honesty is going to be the basis and understanding how the debt is growing and the consequences of each annual deficit

that adds into a larger and larger debt, understanding the consequences of how it affects our economic future and the future of our kids.

Mr. BARTLETT of Maryland. You mentioned our Founding Fathers. It might be instructive to seek their counsel and to look back at how we got here and their dreams for this country. Our Founding Fathers came mostly from the British Isles and the European continent. If you think back in your history, almost all of them came from a country that was ruled by a king or an emperor who claimed and, incredibly from our perspective, was granted divine rights. What that says is that the rights came from God to the king or the emperor. They were divine rights. He would give what rights he wished to his people. When our Founding Fathers came here, in that Declaration of Independence, they made a very radical statement and we read it and seldom reflect on how radical it was. They said there that all men are created equal. The country they came from did not believe that because they thought the king and the emperor was created more equal, if we can use the term from Animal Farm. And that we are endowed by our Creator with certain unalienable rights. Among these are life, liberty and the pursuit of happiness. And what our Founding Fathers wanted to establish was a very limited government. They did that by writing into the Constitution, and I always carry a copy of it, in article 1, section 8, and these are just the words between my two thumbs. That is not much. This describes all of the powers that they granted to the Federal Government.

Just after I came here, about 10 years ago, I was given 3½ minutes in debate. That is a long time in debate. It was about a land grab that I thought was unconstitutional. So I took out my Constitution and I went down it. I am not going to read every word in this, it is not much if I read it all, but I just hit the highlights of each of these little paragraphs. You can see that they are little paragraphs.

That Congress shall have power to lay and collect taxes. We learned how to do that, did we not?

To borrow money. We are doing that big time.

To regulate commerce.

To establish a uniform rule of naturalization.

To coin money and regulate the value thereof. Somehow we gave that away to the Federal Reserve without amending the Constitution. I do not quite know how we did that.

Provide for the punishment of counterfeiting.

Establish post offices and post roads.

Promote the progress of science. These are copyrights and patents.

Constitute tribunals inferior to the Supreme Court. This is our lower courts.

Define and punish piracies and felonies.

And then about a third of all of these words deal with our control of the military.

To declare war. We do that. The President does not do that.

Raise and support armies.

Provide and maintain a Navy.

Make rules for the government and regulation of the land and naval forces.

Provide for calling forth the militia.

Provide for organizing, arming and disciplining the militia.

And then a big paragraph on the District of Columbia, to exercise exclusive legislation in all cases whatsoever. I am really supportive of home rule, but I do not know how we gave Washington home rule without amending the Constitution, which I think we should have done.

When I finished doing this, I went to leave and the recording clerk that sits just behind me came up the aisle behind me and tapped on my shoulder and said, What was that you were reading from? Oh, I said, that is the Constitution.

Can I see it? I hand it to them.

Can I copy it? They took it back and copied it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. BLACKBURN). The Chair will remind Members that it is inappropriate in debate to refer to other Members by their first names.

Mr. BARTLETT of Maryland. Madam Speaker, our Founding Fathers were so concerned that someone might not understand that they really meant to have a limited Federal Government, that just 4 years later, in 1791, they wrote 12 amendments that started through the process of two-thirds of the House, two-thirds of the Senate, three-fourths of the State legislatures, 10 of those made it through, we know that there was a Bill of Rights, and the 10th amendment in the Bill of Rights, the most violated amendment in the Constitution, the least referred to amendment in the Constitution probably, says very simply, the powers not delegated to the United States by the Constitution nor prohibited by it to the States are reserved to the States respectively or to the people. That is old English and that is legalese. If we put that in modern everyday language what it says is if you can't find it in article 1, section 8, you can't do it.

I brought this up because this is the reason that we have this problem, an ever increasing debt, because we have not recognized the limited Federal Government that our Founding Fathers envisioned for us. Were they to be resurrected today and come see what we have done to their country, they might have a heart attack and die very quickly again. But they could not have imagined that the Federal Government would be what it is today, doing all of the things, little of which, by the way, can be justified by article 1, section 8, which is supposed to define what we do. So one way of solving our problem is a return to truly constitutional government, to stop doing those things that in their wisdom they knew could be done better in the private sector. We need to keep asking that question over and over again. Where will this money do the most good? Spent by government or left in the private sector to provide jobs and resources for our people?

Mr. SMITH of Michigan. Let us make clear, left in the private sector means being left in the pockets of the people that earn it. I would like to finish up on I think somewhat of a little bit of a positive note. In spite of the dilemma and the projection for increased deficits, the Republican Conference met this morning. We talked about our determination to hold the line on spending. The Committee on the Budget that is still meeting, I think, at this hour of the night to pass out their final resolution does a couple of things. It says let us reduce spending, discretionary spending outside of defense and homeland security. Let us reduce that discretionary spending by 1 percent across the board. And then if this budget is passed by the House and the Senate, it will go to the appropriators and it will be up to the appropriators to decide how to move some of that discretionary funding around so that they end up actually reducing, for the first time in the gentleman from Maryland's career here in Congress, in my career in Congress, because we came together in 1993, it will be the first time that there has actually been some reduction in discretionary spending outside of defense, and in this case also outside of homeland security. So a little good news. Let us hope that we have the intestinal fortitude, the determination to do what is right and at least start a beginning of being honest of what the debt is and how much it is and slowing down spending.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 5, HELP EFFICIENT, ACCESSIBLE, LOW COST, TIMELY HEALTHCARE (HEALTH) ACT OF 2003

Mr. REYNOLDS (during Special Order of Mr. SMITH of Michigan), from the Committee on Rules, submitted a privileged report (Rept. No. 108–34) on the resolution (H. Res. 139) providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HYDE (at the request of Mr. DELAY) for March 11 and the balance of the week on account of medical reasons.

Mr. WELDON of Pennsylvania (at the request of Mr. DELAY) for March 11 and today until 3:00 p.m. on account of speaking at the International Energy Forum in Houston, Texas.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. RYAN of Ohio) to revise and extend their remarks and include extraneous material:)

Mr. GEORGE MILLER of California, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Mr. HILL, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mrs. CHRISTENSEN, for 5 minutes, today.

Mr. ANDREWS, for 5 minutes, today.

Mr. HOLT, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

Mr. RYAN of Ohio, for 5 minutes, today.

(The following Members (at the request of Mr. BUYER) to revise and extend their remarks and include extraneous material:)

Mr. TANCREDO, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. BILIRAKIS, for 5 minutes, today.

ADJOURNMENT

Mr. SMITH of Michigan. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 14 minutes p.m.), the House adjourned until tomorrow, Thursday, March 13, 2003, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

1078. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Decanoic Acid; Exemption from the Requirement of a Pesticide Tolerance [OPP-2002-0272; FRL-7278-6] received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1079. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Imazamox; Exemption from the Requirement of a Tolerace [OPP-2003-0034; FRL-7291-3] received February 11, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1080. A letter from the Assistant General Counsel for Regulations, Department of Housing and Urban Development, transmitting the Department's final rule — FHA Approval of Condominium Developments Located in the Commonwealth of Puerto Rico for Mortgage Insurance Under the Section 234(c) Program [Docket No. FR-4713-F-02] (RIN: 2502-AH80) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

1081. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Service, transmitting the Department's final rule — Labeling Requirements for Systemic Antibacterial Drug Products Intended for Human Use [Docket No. 00N-1463] (RIN: 0910-AB78) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1082. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Medical Devices; Reclassification and Codification of Fully Automated Short-Term Incubation Cycle Antimicrobial Susceptibility Devices From Class III to Class II [Docket No. 97P-0313] received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1083. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Interim Final Determination to Stay and/or Defer Sanctions, Imperial County Air Pollution Control District [CA273-0381c; FRL-7452-5] received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1084. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Maryland; Miscellaneous Revisions [MD141/142-3095a; FRL-7450-2] received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1085. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Revisions to the Air Resource Regulations [PA159-4201a; FRL-7448-7] received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1086. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Michigan; Excess Emissions During Startup, Shutdown or Malfunction [MI80-01-7289a, FRL-7442-9] received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1087. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Interim Final Determination That State has Corrected Rule Deficiencies and Stay and/or Deferral of Sanctions, San Joaquin Valley Unified Air Pollution Control District [CA280-0390B; FRL-7451-1] received February 11, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1088. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; West Virginia; Regulation to Prevent and Control Air Pollution from Combustion of Refuse [WV058-6024a; FRL-7442-1] received February 11, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1089. A letter from the Deputy Chief, Policy and Rules Division, Federal Communications Commission, transmitting the Commission's final rule — Revisions to Broadcast Auxiliary Service Rules in Part 74 and Conforming Technical Rules for Broadcast Auxiliary Service, Cable Television Relay Service and Fixed Services in Parts 74, 78 and 101 of the Commission's Rules [ET Docket No. 01-75]; Telecommunications Industry Association, Petition for Rule Making Regarding Digital Modulation for the Television Broadcast Auxiliary Service [RM-9418]; Alliance of Motion Picture and Television Producers, Petition for Rule Making Regarding Low-Power Video Assist Devices in Portions of the UHF and VHF Television Bands [RM-9856] Received February 10, 2003, pursuant to 5 U.S.C. to the Committee on Energy and Commerce.

1090. A letter from the Secretary of the Commission, Federal Trade Commission, transmitting the Commission's final rule — Rule Concerning Disclosures Regarding Energy Consumption and Water Use of Certain Home Appliances and Other Products Required Under the Energy Policy and Conservation Act (''Appliance Labeling Rule'') — received February 21, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1091. A letter from the Director, Office of Surface Mining, Department of the Interior, transmitting the Department's final rule — West Virginia Regulatory Program [WV-088-FOR] received February 27,2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

1092. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Catching Pacific Cod for Processing by the Inshore Component in the Central Regulatory Area of the Gulf of Alaska [Docket No. 021212306-2306-01; I.D. 020603B] received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Resources.

1093. A letter from the Director, Regulations and Forms Services Division, Department of Justice, transmitting the Department's final rule — Abbreviation or Waiver of Training for State or Local Law Enforcement Officers Authorized to Enforce Immigration Law During a Mass Influx of Aliens [INS No. 2241-02; AG Order No. 2659-2003] (RIN: 1115-AG84) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

1094. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulation; Highway 90 Bridge Construction, Pascagoula River, Mississippi [COTP Mobile, AL 02-008] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1095. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulations; Matanzas River, St. Augustine, FL [COTP Jacksonville 02-084] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1096. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Mile 0.0 to 3.0, Wolf River Chute, At Mile Marker 736.0 Lower Mississippi River, Memphis, Tennessee [COTP Memphis, TN 02-008] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1097. A letter from the Chief, Regulations and Administrative Law, USCG, Department

of Transportation, transmitting the Department's final rule — Safety Zone; James River, Newport News, Virginia [CGD05-02-063] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1098. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulation; Intracoastal Waterway, Melbourne, FL [COTP Jacksonville 02-079] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1099. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulations; Indian River, Titusville, FL [COTP Jacksonville 02-081] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1100. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulation; Horn Island Sea Buoy (HI) at the entrance to Horn Island Pass in the Gulf of Mexico to Bayou Casotte, Mississippi [COTP Mobile, AL 02-007] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1101. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone, James River, Newport News, Virginia [CGD05-02-047] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1102. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Youghiogheny River Mile 0.0 to 0.5, McKeesport, Pennsylvania [COTP Pittsburg 02-018] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1103. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulations; Intracoastal Waterway, Ormond Beach, FL [COTP Jacksonville 02-086] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1104. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Chicago, IL [CGD09-02-073] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1105. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Michigan City, MI [CGD09-02-066] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1106. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Michigan City, MI [CGD09-02-066] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1107. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Ferrysburg, MI [CGD09-02-064] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1108. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Michigan City, IN [CGD09-02-062] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1109. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulation; Indian River, New Smyrna Beach, FL [COTP Jacksonville 02-076] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1110. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Sabine Jetty Channel, Sabine, Texas [COTP Port Arthur 02-005] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1111. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Sabine River, Port Arthur, Texas [COTP Port Arthur 02-006] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1112. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Buffalo River, Buffalo, NY [CGD09-02-502] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1113. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Illinois River, Morris, IL [CGD09-02-518] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1114. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone: Cooper River, Port of Charleston, SC [COTP Charleston 02-089] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1115. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone Regulations; St Johns River, Orange Park, FL [COTP Jacksonville 02-082] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1116. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; York River, Yorktown, Virginia [CGD05-02-044] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1117. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Evanston, IL [CGD09-02-053] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1118. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Pentwater, MI [CGD09-02-055] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1119. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, St. Joseph, MI [CGD09-02-067] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1120. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Chicago, IL [CGD09-02-070] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1121. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Chicago, IL [CGD09-02-069] received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1122. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Safety Zone; Lake Michigan, Manistee, MI [CGD09-02-050] (RIN: 2115-AA97) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1123. A letter from the Chief, Regulations and Administrative Law, USCG, Department of Transportation, transmitting the Department's final rule — Special Local Regulations for Marine Events; Patapsco River, Inner Harbor, Baltimore, MD [CGD05-02-069] (RIN: 2115-AE46) received February 27, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1124. A letter from the Acting Principal Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule — Effluent Limitations Guidelines and New Source Performance Standards for the Metal Products and Machinery Point Source Category [FRL-7453-6] (RIN: 2040-AB79) received February 20, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1125. A letter from the United States Trade Representative, Executive Office of the President, transmitting a report on the proposed free trade agreement between the United States and the Republic of Chile, pursuant to Section 2104 (e) of the Trade Act of 2002 and Section 135 (e) of the Trade Act of 1974; to the Committee on Ways and Means.

1126. A letter from the United States Trade Representative, Executive Office of the President, transmitting a report on the proposed free trade agreement between the United States and the Republic of Singapore, pursuant to Section 2104 (e) of the Trade Act of 2002 and Section 135 (e) of the Trade Act of 1974; to the Committee on Ways and Means.

1127. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule — Low-Income Housing Credit (Rev. Rul. 2003-22) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

1128. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule — Exceptions to imposition of the addition to the tax in the case of individuals (Rev. Rul. 2003-23) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

1129. A letter from the Chief, Regulations Unit, Internal Revenue Service, transmitting the Service's final rule — Examination of returns and claims for refund, credit, or abatement; determination of correct tax liability (Rev. Proc. 2003-22) received February 26, 2003, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. REYNOLDS: Committee on Rules. House Resolution 139. Resolution providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system (Rept. 108–34). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. CONYERS (for himself and Mr. DINGELL):

H.R. 1219. A bill to limit frivolous medical malpractice lawsuits, to reform the medical malpractice insurance business in order to reduce the cost of medical malpractice insurance, to enhance patient access to medical care, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BARTON of Texas (for himself, Mr. HALL, Mr. FROST, Mrs. MYRICK, Mr. ENGLISH, Ms. PRYCE of Ohio, Mr. SESSIONS, Mr. TIBERI, and Mr. EHLERS):

H.R. 1220. A bill to prohibit pyramid promotional schemes, and for other purposes; to the Committee on Energy and Commerce.

By Mr. DEFAZIO (for himself, Ms. KAPTUR, and Mr. SANDERS):

H.R. 1221. A bill to provide for the stabilization of prices for gasoline, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on International Relations, Ways and Means, and Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FOLEY (for himself and Mr. SANDLIN):

H.R. 1222. A bill to permit a special amortization deduction for intangible assets acquired from eligible small businesses to take account of the actual economic useful life of such assets and to encourage growth in industries for which intangible assets are an important source of revenue; to the Committee on Ways and Means.

By Mr. CONYERS (for himself, Mr. CANNON, Ms. BERKLEY,and Mr. BACA):

H.R. 1223. A bill to create a commission on Internet gambling licensing and regulation; to the Committee on the Judiciary, and in addition to the Committees on Energy and Commerce, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RANGEL (for himself, Mr. PITTS, Mr. CARDIN, and Mr. LEVIN):

H.R. 1224. A bill to authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to the products of the Russian Federation, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on International Relations, and Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. UPTON (for himself, Ms. ESHOO, Mr. HAYWORTH, Mr. BECERRA, Mr. TERRY, Mr. TANNER, Mr. GORDON, and Mr. FROST):

H.R. 1225. A bill to amend title XVIII of the Social Security Act to expand coverage of medical nutrition therapy services under the Medicare Program for beneficiaries with cardiovascular disease; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BEREUTER (for himself and Mr. VAN HOLLEN):

H.R. 1226. A bill to authorize the Secretary of Transportation to conduct activities to improve worldwide traffic safety, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. BRADY of Texas (for himself, Mr. TURNER of Texas, Mr. NUSSLE, Mr. CARTER, Mr. TOOMEY, Mr. HOEFFEL, Mr. BURGESS, Mr. FROST, Mr. LAMPSON, Mr. BASS, Mr. RYUN of Kansas, Mr. SANDLIN, Mr. LOBIONDO, Mr. GOODE, Mr. SESSIONS, Mr. STENHOLM, Mr. TERRY, Mr. ENGLISH, Mr. CHABOT, Mr. FLAKE, Mr. BAIRD, Mr. OTTER, Mr. HEFLEY, Mr. SULLIVAN, Mr. CUNNINGHAM, Mr. ISTOOK, Mr. PAUL, Mr. GREEN of Wisconsin, Mr. SMITH of Michigan, Mr. DOOLITTLE, Mr. MILLER of Florida, Mr. JONES of North Carolina, Mr. SAM JOHNSON of Texas, Mr. DEMINT, Ms. GINNY BROWN-WAITE of Florida, Mr. PITTS, Mr. CULBERSON, Mr. EVERETT, Mr. DEAL of Georgia, and Mr. SHADEGG):

H.R. 1227. A bill to provide for the periodic review of the efficiency and public needfor Federal agencies, to establish a Commission for the purpose of reviewing the efficiency and public need of such agencies, and to provide for the abolishment of agencies for which a public need does not exist; to the Committee on Government Reform.

By Mr. CONYERS:

H.R. 1228. A bill to amend title XVIII of the Social Security Act to reduce the work hours and increase the supervision of resident-physicians to ensure the safety of patients and resident-physicians themselves; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. JO ANN DAVIS of Virginia (for herself, Mr. PITTS, Mr. NORWOOD, Mrs. MYRICK, Mr. RYUN of Kansas, Mr. BURTON of Indiana, Mr. STEARNS, Mr. SOUDER, Mr. FORBES, Mr. TERRY, Mr. HOSTETTLER, and Mr. GOODE):

H.R. 1229. A bill to require assurances that certain family planning service projects and programs will provide pamphlets containing the contact information of adoption centers; to the Committee on Energy and Commerce.

By Mr. ISSA (for himself and Mr. CALVERT):

H.R. 1230. A bill to provide an environmentally sound process for the expeditious consideration and approval of a high-voltage electricity transmission line right-of-way through the Trabuco Ranger District of the Cleveland National Forest in the State of California and adjacent lands under the jurisdictionof the Bureau of Land Management and the Forest Service; to the Committee on Resources.

By Mr. TOM DAVIS of Virginia (for himself, Mrs. JO ANN DAVIS of Virginia, Mr. WAXMAN, Mr. DAVIS of Illinois, Mr. MORAN of Virginia, Mr. WOLF, Mr. HOYER, Ms. NORTON, Mr. WYNN, and Mr. VAN HOLLEN):

H.R. 1231. A bill to amend the Internal Revenue Code of 1986 to allow Federal civilianand military retirees to pay health insurance premiums on a pretax basis and to allow a deduction for TRICARE supplemental premiums; to the Committee on Ways and Means, and in addition to the Committees on Government Reform, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DREIER:

H.R. 1232. A bill to amend the Internal Revenue Code of 1986 to shorten the recovery period for the depreciation of certain property; to the Committee on Ways and Means.

By Mr. ENGLISH (for himself, Mr. MCCRERY, Mr. PAUL, and Mr. HERGER):

H.R. 1233. A bill to amend the Internal Revenue Code of 1986 to repeal the alternativeminimum tax; to the Committee on Ways and Means.

By Mr. ENGLISH (for himself and Mr. NEAL of Massachusetts):

H.R. 1234. A bill to amend the Internal Revenue Code of 1986 to encourage investment in high productivity property, and for other purposes; to the Committee on Ways and Means.

By Mr. GALLEGLY (for himself and Mr. GIBBONS):

H.R. 1235. A bill to provide for the management of critical habitat of endangered species and threatened species on military installations in a manner compatible with the demands of military readiness, to ensure that the application of other resource laws on military installations is compatible with military readiness, and for other purposes; to the Committee on Resources, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. GRANGER (for herself, Mr. WYNN, Mrs. JOHNSON of Connecticut, Mr. NORWOOD, Ms. WATSON, Mr. MANZULLO, Mr. DAVIS of Illinois, Mr. BONILLA, Mr. GOODE, Mr. BOOZMAN, Mr. TOWNS, Ms. NORTON, Mr. MARIO DIAZ-BALART of Florida, Mrs. MUSGRAVE, Mrs. NORTHUP, Mr. HOSTETTLER, Mr. RYAN of Wisconsin, Ms. GINNY BROWN-WAITE of Florida, Mr. DAVIS of Alabama, Ms. MILLENDER-MCDONALD, Mr. OWENS, and Mr. FLETCHER):

H.R. 1236. A bill to amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the

purchase of private health insurance; to the Committee on Ways and Means.

By Mr. KENNEDY of Rhode Island:

H.R. 1237. A bill to amend part C of the Individuals with Disabilities Education Act to improve early intervention programs for infants and toddlers with disabilities, and for other purposes; to the Committee on Education and the Workforce.

By Mr. LARSEN of Washington (for himself, Mr. DICKS, Mr. STUPAK, Mr. POMEROY, Mr. NETHERCUTT, Mr. HASTINGS of Washington, Mr. SMITH of Washington, and Mr. BAIRD):

H.R. 1238. A bill to authorize the Attorney General to carry out a program, known as the Northern Border Prosecution Initiative, to provide funds to northern border States to reimburse county and municipal governments for costs associated with certain criminal activities, and for other purposes; to the Committee on the Judiciary.

By Mr. LEVIN:

H.R. 1239. A bill to provide for emergency unemployment compensation; to the Committee on Ways and Means.

By Mrs. LOWEY (for herself, Ms. NORTON, Mr. HINCHEY, Mr. ETHERIDGE, Mr. FROST, Mr. CARSON of Oklahoma, Ms. DELAURO, Mr. OWENS, Mr. LANTOS, Mrs. DAVIS of California, Mrs. JONES of Ohio, Ms. BERKLEY, Mr. BISHOP of New York, and Ms. SCHAKOWSKY):

H.R. 1240. A bill to provide grants to eligible consortia to provide professional development to superintendents, principals, and to prospective superintendents and principals; to the Committee on Education and the Workforce.

By Mrs. LOWEY (for herself, Mr. OBERSTAR, Mr. HINCHEY, Ms. WOOLSEY, Mrs. CAPPS, Mr. SCHIFF, Mr. RANGEL, Mr. MCDERMOTT, Mr. LIPINSKI, Mr. KILDEE, Mr. SANDERS, Mr. VAN HOLLEN, Mr. EMANUEL, Mr. BISHOP of New York, Mr. GRIJALVA, Mrs. CHRISTENSEN, Mr. ACKERMAN, Ms. LOFGREN, Mr. MCNULTY, Mrs. MCCARTHY of New York, Mr. LANTOS, and Mr. FROST):

H.R. 1241. A bill to authorize additional appropriations to the National Institutes ofHealth for research on the early detection of and the reduction of mortality rates attributed to breast cancer; to the Committee on Energy and Commerce.

By Mrs. LOWEY:

H.R. 1242. A bill to establish a program to provide child care through public-private partnerships; to the Committee on Education and the Workforce.

By Mrs. LOWEY (for herself, Mr. MCNULTY, Mr. BERRY, Ms. WOOLSEY, Mr. ROTHMAN, Mr. DAVIS of Illinois, Ms. WATSON, Mr. SANDERS, Mr. EMANUEL, Ms. CARSON of Indiana, and Mr. PALLONE):

H.R. 1243. A bill to assure equitable treatment in health care coverage of prescription drugs under group health plans, health insurance coverage, Medicare and Medicaid managed care arrangements, Medigap insurance coverage, and health plans under the Federal employees' health benefits program (FEHBP); to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBERSTAR:

H.R. 1244. A bill to amend title 5, United States Code, to provide that service performed by an air traffic controller who is transferred or promoted to a supervisory or staff position continue to be treated as controller service for retirement purposes; to the Committee on Government Reform.

By Mr. OLVER (for himself, Mr. GILCHREST, Mrs. JOHNSON of Connecticut, Mr. UDALL of Colorado, Mr. SHAYS, Ms. WOOLSEY, Mr. MARKEY, Mr. WAXMAN, Mr. INSLEE, Mr. HINCHEY, Mr. DELAHUNT, Mr. FARR, Mr. FRANK of Massachusetts, Mr. HONDA, Mr. MORAN of Virginia, Mr. WEXLER, Mr. GEORGE MILLER of California, Ms. SCHAKOWSKY, Mrs. DAVIS of California, Mr. STARK, Ms. SOLIS, Mr. SANDERS, Ms. MCCOLLUM, Mr. MCDERMOTT, Mr. BLUMENAUER, Ms. BALDWIN, Mr. KUCINICH, Ms. NORTON, Ms. DELAURO, Mr. ABERCROMBIE, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. BORDALLO, Mr. ALLEN, Mr. WALSH, Mr. NEAL of Massachusetts, Mr. BERMAN, Mrs. CAPPS, Mr. VAN HOLLEN, and Mr. CARDIN):

H.R. 1245. A bill to amend the Clean Air Act to establish an inventory, registry, and information system of United States greenhouse gas emissions to inform the public and private sectors concerning, and encourage voluntary reductions in, greenhouse gas emissions; to the Committee on Energy and Commerce.

By Mr. PALLONE:

H.R. 1246. A bill to authorize the Secretary of Education to make grants to eligible schools to assist such schools to discontinue use of a derogatory or discriminatory name or depiction as a team name, mascot, or nickname, and for other purposes; to the Committee on Education and the Workforce.

By Mr. PAUL:

H.R. 1247. A bill to ensure and foster continued patient safety and quality of care byexempting health care professionals from the Federal antitrust laws in their negotiations with health plans and health insurance issuers; to the Committee on the Judiciary.

By Mr. PAUL:

H.R. 1248. A bill to amend titles 23 and 49, United States Code, relating to motor vehicle weight and width limitations; to the Committee on Transportation and Infrastructure.

By Mr. PAUL:

H.R. 1249. A bill to amend the Internal Revenue Code of 1986 to allow individuals a credit against income tax for the cost of insurance against negative outcomes from surgery, including against malpractice of a physician; to the Committee on Ways and Means.

By Mr. RYAN of Wisconsin (for himself, Mr. WELLER, Mr. KLECZKA, Mr. PETRI, Mr. GREEN of Wisconsin, and Ms. BALDWIN):

H.R. 1250. A bill to amend the Internal Revenue Code of 1986 to modify the exemption from the self-employment tax for certain termination payments received by former insurance sales agents; to the Committee on Ways and Means.

By Mr. STARK (for himself, Mr. HINCHEY, Mr. WAXMAN, Mr. KLECZKA, and Mr. FROST):

H.R. 1251. A bill to establish a congressional commemorative medal for organ donors and their families; to the Committee on Financial Services, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TANCREDO:

H.R. 1252. A bill to terminate the e-rate program of the Federal Communications Commission that requires providers of telecommunications and information services to provide such services for schools and libraries at a discountedrate; to the Committee on Energy and Commerce.

By Mr. TANCREDO:

H.R. 1253. A bill to amend the Endangered Species Act of 1973 to establish special requirements for determining whether the Preble's meadow jumping mouse is an endangered species or threatened species; to the Committee on Resources.

By Mr. WALDEN of Oregon (for himself, Mr. DEFAZIO, Mr. RADANOVICH, and Mrs. BONO):

H.R. 1254. A bill to amend the Federal Power Act to provide for market transparency inwholesale sales of electric energy, to prohibit round trip trading of electricity, and for other purposes; to the Committee on Energy and Commerce.

By Mr. WALDEN of Oregon (for himself, Mr. DEFAZIO, Mr. RADANOVICH, and Mrs. BONO):

H.R. 1255. A bill to amend the Securities Exchange Act of 1934 to prohibit the fradulent recording of revenue from round trip sales of electric power; to the Committee on Financial Services.

By Mrs. MALONEY (for herself, Mr. LEACH, Mr. DINGELL, Mr. KOLBE, Ms. PELOSI, Mr. SHAYS, Mr. HOYER, Mr. SWEENEY, Mr. MENENDEZ, Mr. CASTLE, Mr. CLYBURN,Mr. SIMMONS, Mr. DAVIS of Florida, Mrs. BIGGERT, Mr. KIND, Mr. GREENWOOD, Mr. CONYERS, Mr. FRELINGHUYSEN, Mr. ABERCROMBIE, Mr. OSE, Mr. ACEVEDO-VILA, Mr. ACKERMAN, Mr. ALLEN, Mr. ANDREWS, Mr. BACA, Mr. BAIRD, Ms. BALDWIN, Mr. BALLANCE, Mr. BECERRA, Mr. BELL, Ms. BERKLEY, Mr. BERMAN, Mr. BISHOP of New York, Mr. BISHOP of Georgia, Mr. BLUMENAUER, Mr. BOEHLERT, Mr. BOSWELL, Ms. BORDALLO, Mr. BOYD, Mr. BRADY of Pennsylvania, Ms. CORRINE BROWN of Florida, Mr. BROWN of Ohio, Mr. BOUCHER, Mrs. CAPPS, Mr. CAPUANO, Mr. CARDIN, Mr. CARDOZA, Ms. CARSON of Indiana, Mr. CARSON of Oklahoma, Mr. CASE, Mrs. CHRISTENSEN, Mr. CLAY, Mr. COOPER, Mr. COSTELLO, Mr. CRAMER, Mr. CROWLEY, Mr. CUMMINGS, Mr. DAVIS of Alabama, Mr. DAVIS of Illinois, Mrs. DAVIS of California, Mr. DEFAZIO, Ms. DEGETTE, Mr. DELAHUNT, Ms. DELAURO, Mr. DEUTSCH, Mr. DICKS, Mr. DOGGETT, Mr. DOOLEY of California, Mr. DOYLE, Mr. EDWARDS, Mr. EMANUEL, Mr. ENGEL, Ms. ESHOO, Mr. EVANS, Mr. FALEOMAVAEGA, Mr. FATTAH, Mr. FARR, Mr. FILNER ,Mr. FORD, Mr. FRANK of Massachusetts, Mr. FROST, Mr. GREEN of Texas, Mr. GONZALEZ, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. PAUL, Ms. HARMAN, Mr. HASTINGS of Florida, Mr. HILL, Mr. HINCHEY, Mr. HINOJOSA, Mr. HOEFFEL, Mr. HOLT, Ms. HOOLEY of Oregon, Mr. HOLDEN, Mr. HONDA, Mr. INSLEE, Mr. ISRAEL, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Mr. JEFFERSON, Mr. JOHN, Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. JONES of Ohio, Ms. KAPTUR, Mr. KENNEDY of Rhode Island, Mr. KILDEE, Ms. KILPATRICK, Mr. KUCINICH, Mr. LAMPSON, Mr. LANGEVIN, Mr. LANTOS, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Ms. LEE, Mr. LEVIN, Ms. LOFGREN, Mrs. LOWEY, Mr. LYNCH, Ms. MAJETTE, Mr. MARKEY, Mr. MATSUI, Mrs. MCCARTHY of New York, Ms. MCCARTHY of Missouri, Ms. MCCOLLUM, Mr. MCDERMOTT, Mr. MCGOVERN, Mr. MCNULTY, Mr. MEEHAN, Mr. MEEK of Florida, Mr. MEEKS

of New York, Ms. MILLENDER-MCDONALD, Mr. GEORGE MILLER of California, Mr. MOORE, Mr. MORAN of Virginia, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEAL of Massachusetts, Ms. NORTON, Mr. OBERSTAR, Mr. OLVER, Mr. ORTIZ, Mr. OWENS, Mr. PALLONE, Mr. PASCRELL, Mr. PASTOR, Mr. PAYNE, Mr. PETERSON of Minnesota, Mr. PRICE of North Carolina, Mr. RAHALL, Mr. RANGEL, Mr. REYES, Mr. RODRIGUEZ, Mr. ROTHMAN, Ms. ROYBAL-ALLARD, Mr. RUPPERSBERGER, Mr. RUSH, Mr. RYAN of Ohio, Mr. SABO, Ms. LINDA T. SANCHEZ of California, Ms. LORETTA SANCHEZ of California, Mr. SANDERS, Mr. SANDLIN, Ms. SCHAKOWSKY, Mr. SCHIFF, Mr. SCOTT of Georgia, Mr. SERRANO, Mr. SHERMAN, Ms. SLAUGHTER, Mr. SMITH of Washington, Ms. SOLIS, Mr. SPRATT, Mr. STARK, Mr. STRICKLAND, Mrs. TAUSCHER, Mr. TIERNEY, Mr. THOMPSON of Mississippi, Mr. THOMPSON of California, Mr. TOWNS, Mr. TURNER of Texas, Mr. UDALL of Colorado, Mr. UDALL of New Mexico, Ms. VELAZQUEZ, Ms. WATERS, Ms. WATSON, Mr. WATT, Mr. WAXMAN, Mr. WEINER, Mr. WEXLER, Ms. WOOLSEY, Mr. WU, and Mr. WYNN):

H.J. Res. 37. A joint resolution proposing an amendment to the Constitution of the UnitedStates relative to equal rights for men and women; to the Committee on the Judiciary.

By Mr. LARSEN of Washington:

H.J. Res. 38. A joint resolution authorizing special awards to World War I and World War II veterans of the United States Navy Armed Guard; to the Committee on Armed Services.

By Mr. CASTLE (for himself and Mrs. LOWEY):

H. Con. Res. 91. Concurrent resolution expressing the sense of Congress that the Nation should strive to prevent teen pregnancy by encouraging teens to view adolescence as a time for education and growing-up and by educating teens about the negative consequences of early sexual activity; to the Committee on Energy and Commerce.

By Mr. LANTOS (for himself, Ms. ROS-LEHTINEN, Mr. ACKERMAN, Mr. COX, Mr. BURTON of Indiana, and Ms. LORETTA SANCHEZ of California):

H. Res. 140. A resolution expressing the sense of the House of Representatives concerning the continuous repression of freedoms within Iran and of individual human rights abuses, particularly with regard to women; to the Committee on International Relations.

By Ms. LEE (for herself, Mr. CONYERS, Mr. MCDERMOTT, Ms. WATERS, Mrs. JONES of Ohio, Ms. WOOLSEY, Mr. SERRANO, Mr. FILNER, Ms. JACKSON-LEE of Texas, Mr. KUCINICH, Ms. WATSON, Mr. GEORGE MILLER of California, Mr. STARK, Mr. PAYNE, Mr. OWENS, and Mr. JACKSON of Illinois):

H. Res. 141. A resolution disavowing the doctrine of preemption; to the Committee on International Relations.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 20: Mr. BROWN of Ohio, Mr. STRICKLAND, Mrs. EMERSON, and Mr. KING of New York.

H.R. 21: Mr. UPTON.

H.R. 22: Mr. UPTON.

H.R. 33: Mr. BALLANCE.

H.R. 34: Mr. THOMPSON of California, Ms. BALDWIN, Mr. GUTIERREZ, Mr. MEEHAN, and Mr. FARR.

H.R. 39: Mrs. NORTHUP, Mr. ORTIZ, and Mr. ISSA.

H.R. 49: Ms. EDDIE BERNICE JOHNSON of Texas, Mr. GARRETT of New Jersey, Mr. COLE, and Mr. ISAKSON.

H.R. 57: Mr. TERRY, Mr. KENNEDY of Minnesota, and Mr. BRADLEY of New Hampshire.

H.R. 107: Mr. BARTLETT of Maryland.

H.R. 109: Mr. TIAHRT.

H.R. 111: Mr. TURNER of Ohio, Mr. DAVIS of Tennessee, Ms. BORDALLO, Mr. BACA, and Ms. CARSON of Indiana.

H.R. 119: Mr. SIMPSON.

H.R. 126: Mr. MURPHY.

H.R. 168: Mr. HOSTETTLER.

H.R. 218: Mr. SWEENEY, Mr. VITTER, Mr. CROWLEY, Mr. MURPHY, Mrs. WILSON of New Mexico, Mr. TAYLOR of North Carolina, Mr. BURTON of Indiana, Mr. ISSA, and Mr. JOHN.

H.R. 224: Mr. TIAHRT.

H.R. 225: Mr. TERRY.

H.R. 245: Mr. GORDON.

H.R. 280: Mr. PENCE.

H.R. 284: Mr. LUCAS of Oklahoma, Mr. PICKERING, Mr. SIMMONS, Mr. MILLER of Florida, Mr. MEEK of Florida, Mr. PASCRELL, Mr. RYAN of Ohio, Mr. CANTOR, Mr. MORAN of Virginia, Mr. CAMP, Mr. JANKLOW, Mr. PEARCE, Mr. PLATTS, Mr. BAIRD, Mr. LINCOLN DIAZ-BALART of Florida, Mr. BAKER, Mr. CAPUANO, Mr. ALLEN, Mr. UDALL of Colorado, Mr. CARDOZA, Mr. BROWN of South Carolina, Mr. WILSON of South Carolina, Mr. WICKER, and Ms. DUNN.

H.R. 300: Mr. BRADLEY of New Hampshire, Mr. CAMP, Mr. ISAKSON, and Mr. STEARNS.

H.R. 303: Mr. MICA, Mr. CAMP, Mr. CARTER, Mr. MEEK of Florida, Mr. GARRETT of New Jersey, and Mr. SIMPSON.

H.R. 310: Mr. HOSTETTLER.

H.R. 331: Mr. HOLDEN.

H.R. 344: Mr. PAUL, Mr. GOODE, and Ms. GINNY BROWN-WAITE of Florida.

H.R. 375: Mr. HUNTER and Mr. BARTLETT of Maryland.

H.R. 391: Mr. PUTNAM, Mr. COBLE, Mr. BISHOP of Utah, Mr. HENSARLING, Mr. HEFLEY, and Mr. PITTS.

H.R. 426: Mr. PETERSON of Pennsylvania and Mr. FALEOMAVAEGA.

H.R. 427: Mr. PETRI.

H.R. 442: Mr. DOYLE, Mrs. DAVIS of California, and Mrs. MUSGRAVE.

H.R. 444: Ms. EDDIE BERNICE JOHNSON of Texas and Mr. OSE.

H.R. 466: Mr. SHAYS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. MCNULTY, Mr. SERRANO, Mr. WAXMAN, Mr. CROWLEY, Mr. HONDA, Mr. OSE, Mr. RUPPERSBERGER, and Mr. MURPHY.

H.R. 488: Mr. TANCREDO.

H.R. 501: Mr. GRIJALVA.

H.R. 522: Mr. CAPITO, Ms. HARRIS, Mr. BARTLETT of Maryland, Mr. MANZULLO, and Mr. TANCREDO.

H.R. 528: Mr. PAYNE.

H.R. 545: Mr. LIPINSKI and Mr. MCINTYRE.

H.R. 548: Ms. LOFGREN, Ms. MCCOLLUM, Mr. GINGREY, Ms. SCHAKOWSKY, Mr. GUTIERREZ, Mr. HAYES, Mr. GORDON, Mr. MARSHALL, Mr. INSLEE, Mr. FORBES, Mr. FRANKS of Arizona, Mr. ISAKSON, Mrs. CAPITO, Mr. CARDOZA, Mr. LEACH, Mr. MARIO DIAZ-BALART of Florida, Mr. MICHAUD, Mr. MEEK of Florida, Mr. RENZI, Ms. BALDWIN, Mr. MCDERMOTT, Mr. KELLER, Mr. BONILLA, Mr. THOMPSON of California, Mr. STEARNS, and Mr. HINOJOSA.

H.R. 577: Mr. KUCINICH, Ms. LINDA T. SANCHEZ of California, Mrs. TAUSCHER, Ms. KILPATRICK, Mr. DAVIS of Illinois, Ms. LEE, Mr. TOWNS, and Mr. FRANK of Massachusetts.

H.R. 584: Mrs. JO ANN DAVIS of Virginia.

H.R. 586: Mr. UDALL of Colorado, Mr. WU, and Ms. JACKSON-LEE of Texas.

H.R. 589: Mr. SANDLIN, Mr. MOORE, Mr. BOYD, Mr. DICKS, Mr. UDALL of New Mexico, Mr. POMEROY, Mr. HOEFFEL, Mr. FARR, and Mr. MILLER of North Carolina.

H.R. 648: Mr. CARSON of Oklahoma, Mr. HASTINGS of Washington, and Mr. BARTLETT of Maryland.

H.R. 655: Mr. DEAL of Georgia.

H.R. 660: Mrs. BLACKBURN and Mr. GINGREY.

H.R. 669: Mr. PASTOR.

H.R. 685: Mr. MCGOVERN, Mr. BISHOP of New York, and Ms. WOOLSEY.

H.R. 732: Mr. ROGERS of Michigan, Mr. COSTELLO, Mr. FROST, Mr. FORD, and Mr. PETERSON of Minnesota.

H.R. 735: Mr. SENSENBRENNER, Mr. SERRANO, Mr. PLATTS, Mr. HOLT, and Mr. RAHALL.

H.R. 742: Mr. CARDOZA, Mr. QUINN, Mr. JEFFERSON, Mr. EDWARDS, Mr. GREENWOOD, Mrs. CAPPS, Mr. FROST, Mr. WEXLER, Mr. GORDON, Mr. SIMPSON, Mr. DEUTSCH, Mr. MCNULTY, and Mr. CONYERS.

H.R. 760: Mr. LUCAS of Kentucky.

H.R. 761: Mr. LAMPSON.

H.R. 767: Mr. RAMSTAD, Mrs. JOHNSON of Connecticut, Mr. CRANE, and Mr. LEWIS of Kentucky.

H.R. 775: Mr. UPTON, Ms. GINNY BROWN-WAITE of Florida, Mr. BALLENGER, and Mr. FALEOMAVAEGA.

H.R. 784: Mr. DICKS and Mr. INSLEE.

H.R. 785: Mr. LARSEN of Washington.

H.R. 786: Mr. SENSENBRENNER.

H.R. 806: Ms. MCCOLLUM.

H.R. 809: Ms. LORETTA SANCHEZ of California.

H.R. 811: Mr. OWENS.

H.R. 812: Mr. FOLEY, Mr. GOODE, and Mr. WELDON of Pennsylvania.

H.R. 815: Mr. MCNULTY.

H.R. 818: Ms. LEE and Mr. VISCLOSKY.

H.R. 823: Mr. RUPPERSBERGER, Mr. BISHOP of New York, Mrs. JONES of Ohio, Mr. SKELTON, Ms. MILLENDER-MCDONALD, Mr. HINCHEY, Mr. ETHERIDGE, Mr. WAXMAN, Mr. CLYBURN, and Ms. LINDA T. SÁNCHEZ of California.

H.R. 829: Ms. MCCARTHY of Missouri, Mrs. CHRISTENSEN, and Mrs. DAVIS of California.

H.R. 851: Ms. WATSON, Mr. KUCINICH, Mr. OWENS, Mr. GORDON, Mr. LIPINSKI, Mr. FILNER, Mr. BROWN of Ohio, Mr. MCHUGH, and Mr. RYAN of Ohio.

H.R. 870: Mr. FOLEY and Mr. MATSUI.

H.R. 872: Mrs. MUSGRAVE.

H.R. 876: Mr. LUCAS of Oklahoma, Mr. STENHOLM, Mr. BEREUTER, Mr. ENGLISH, and Mr. HOUGHTON.

H.R. 898: Mrs. MYRICK.

H.R. 931: Mr. RYUN of Kansas, Mr. ISTOOK, and Mr. TANCREDO.

H.R. 937: Mr. LATHAM and Mr. GALLEGLY.

H.R. 941: Mr. NEAL of Massachusetts.

H.R. 953: Mr. THOMPSON of Mississippi, Mr. GORDON, Ms. MAJETTE, and Mr. WATT.

H.R. 970: Mr. COOPER, Mr. DAVIS of Illinois, Mr. LAHOOD, Mr. CRAMER, Mr. GORDON, Mr. FORD, Mr. MATSUI, Mr. LEACH, Mr. TURNER of Texas, Mr. CARTER, Mr. WU, Mr. PASTOR, Mr. RAHALL, Mr. BACHUS, Mr. DEUTSCH, Mr. SIMPSON, Mr. KLECZKA, Mr. WELLER, Mr. LIPINSKI, MR. BROWN of Ohio, Ms. SLAUGHTER, Mr. PETRI, Mr. MOLLOHAN, and Mr. RYAN of Ohio.

H.R. 975: Mr. SIMMONS.

H.R. 997: Mr. SHAYS, Mr. KLINE, Mrs. JO ANN DAVIS of Virginia, Mr. TANCREDO, Mr. DEAL of Georgia, Mr. CHABOT, Mr. PENCE, Mr. ISTOOK, Mrs. MYRICK, and Mr. JONES of North Carolina.

H.R. 1021: Mr. KENNEDY of Rhode Island, Ms. LINDA T. SÁNCHEZ of California, Mr. SERRANO, and Mrs. JONES of Ohio.

H.R. 1046: Mr. OBERSTAR, Mr. MATSUI, Mr. SMITH of Washington, Ms. LOFGREN, Mr. FRANK of Massachusetts, Mr. FILNER, Mr. MCGOVERN, Mr. BERMAN, Mr. HOEFFEL, Mr. GEORGE MILLER of California, Mr. LEWIS of Georgia, Mr. MEEK of Florida, Mr. FROST, and Mr. CASE.

H.R. 1049: Mr. RENZI, Mr. GOODE, and Mr. DOOLITTLE.

H.R. 1052: Mr. HOLT, Mr. RAHALL, Mr. KIND, Ms. NORTON, Mr. GILCHREST, Ms. LEE, Mrs. CAPPS, and Ms. DELAURO.

H.R. 1054: Mr. WYNN.

H.R. 1061: Mr. TANCREDO and Mr. PLATTS.

H.R. 1091: Mr. PRICE of North Carolina.

H.R. 1102: Mr. PLATTS, Mr. PETERSON of Minnesota, and Mr. LIPINSKI.

H.R. 1105: Mr. FILNER and Mr. GILCHREST.

H.R. 1115: Mr. ROGERS of Michigan.

H.R. 1116: Mr. DAVIS of Alabama.

H.R. 1123: Mr. CANTOR.

H.R. 1124: Mr. LARSEN of Washington, Mrs. CHRISTENSEN, and Mrs. MALONEY.

H.R. 1130: Mr. GREEN of Texas, Mr. RYAN of Ohio, Mr. FALEOMAVAEGA, and Mrs. KELLY.

H.R. 1146: Mr. BARTLETT of Maryland, Mr. HEFLEY, and Mr. DUNCAN.

H.R. 1157: Mr. LARSEN of Washington and Mr. SERRANO.

H.R. 1170: Ms. LORETTA SANCHEZ of California.

H.R. 1192: Mr. RYAN of Ohio.

H.R. 1202: Mr. DAVIS of Tennessee.

H.J. Res 20: Mr. LEWIS of Georgia.

H. Con. Res. 19: Ms. LINDA T. SÁNCHEZ of California, Ms. KILPATRICK, Ms. LEE, Mr. HOEFFEL, and Mr. FRANK of Massachusetts.

H. Con. Res. 26: Mr. MILLER of North Carolina, Mr. MCGOVERN, and Mr. PITTS.

H. Con. Res. 78: Mr. RANGEL, Ms. NORTON, Mr. FATTAH, Mr. THOMPSON of Mississippi, and Mr. WYNN.

H. Res. 108: Mr. MCNULTY.

H. Res. 112: Ms. LORETTA SANCHEZ of California, Mr. MCGOVERN, Mr. SCHIFF, Mr. UDALL of Colorado, and Mr. RANGEL.

H. Res. 127: Mr. KANJORSKI.

H. Res. 132: Mr. POMBO, Mr. GINGREY, Mr. SHAYS, Mr. HASTINGS of Washington, Mr. CANNON, Mr. SESSIONS, Mr. FORBES, Mr. JANKLOW, Mr. CARSON of Oklahoma, Mrs. JO ANN DAVIS of Virginia, Mr. HOSTETTLER, Mr. MCHUGH, Mr. GOODLATTE, Mr. BAKER, Mr. YOUNG of Alaska, and Mr. DAVIS of Tennessee.

H. Res. 133: Mr. CULBERSON.